

Department for Work and Pensions

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Explaining levels of customer satisfaction with first contact with Jobcentre Plus: results of qualitative research with Jobcentre Plus staff

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A report of research carried out by the Policy Research Institute at Leeds Metropolitan University on behalf of the Department for Work and Pensions

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Abbreviations

AACT	Average Actual Clearance Time
AJCS	Accessing Jobcentre Customer Services
BDC	Benefit Delivery Centre
CMS	Customer Management System
CSM	Customer Service Manager
FCO	First Contact Officer
IB	Incapacity Benefit
IS	Income Support
JSA	Jobseeker's Allowance
LMS	Labour Market System
SOM	Standard Operating Model
WFI	Work Focused Interview

Summary

Introduction and background

The new claim process provided by Jobcentre Plus has been the subject of much debate in recent years, especially the telephone data gathering process (see Chapter 1). Over the last two years, this criticism and existing plans for service change and improvement have resulted in several important changes to the way this 'first contact' is delivered. As a result of these changes Jobcentre Plus commissioned independent research to assess the customer experience of 'first contact' and to act as a baseline for further research on the changing nature of customer satisfaction with it. In June 2008 the Department for Work and Pensions (DWP) published a report detailing results from a survey of customers on their experience of 'first contact' with Jobcentre Plus (Nunn *et al.*, 2008). This report summarises follow-on qualitative research which explored some of the process-related explanations for customer experiences.

Methodology

As a result of the ongoing difficulties in accessing data for sampling purposes, an initial plan to undertake qualitative follow-up research with customers was abandoned in favour of research with staff to explore the process-related issues which might underlie and potentially explain customer responses. This research was undertaken in September and October 2008 and included telephone interviews with key senior staff combined with fieldwork visits to Contact Centres, Jobcentres and Benefit Delivery Centres (BDCs) in four Jobcentre Plus regions (see Section 2.2).

Overall satisfaction

Staff concurred that overall, customers are satisfied with the new claim service and that levels of satisfaction are improving over time (see Section 3.2). They also supported the findings of the customer survey that efficiency and speed in end-to-end processing is the most important determinant of customer satisfaction.

The findings from this work contested the conclusions drawn from the customer survey that there would be benefits to expanding the take-up of the telephone claim service further, suggesting that those who get additional support definitely require it.

Drivers of satisfaction

The research findings supported the earlier findings of the customer survey in relation to importance of eligibility, processing and payment times as primary drivers of satisfaction (see Section 4.2). Staff suggested that they recognised the extent to which they can influence these factors, for instance in relation to data gathering. Staff also suggested that customer satisfaction is influenced by their ability to provide customers with accurate information about the new claim process but that they are not always able to do this. Finally, they recognised that customers are often experiencing wider difficulties and therefore, require understanding and empathetic treatment.

Explaining variation in customer satisfaction

The qualitative work suggested several possible explanations that could account for variations in customer satisfaction between key groups, as identified in the First Contact Customer Survey:

- **Asian/Asian British customers** – the main explanations included communication issues and the lengthier process that impacts on some customers who need to take an Habitual Residency Test (see Section 5.2.1).
- **Customers who speak English as a second language** – prominent explanations included obvious language and communication difficulties and some occasional problems with the interpretation service (see Section 5.2.2).
- **Customers claiming Income Support (IS) on the grounds of incapacity or Incapacity Benefit (IB) Credits** – explanations included dissatisfaction at being ineligible for full IB in addition to the sensitivity of some of the health-related questioning. Respondents also suggested that these claims may take a little longer than Jobseeker's Allowance (JSA) claims to process (see Section 5.2.3).
- **Customers reporting a limiting illness** – again, prominent explanations overlap with those related to customers on IB Credits and IS on the grounds of incapacity, such as the personal nature of some of the questions in the new claim call. Again, these claims may take longer to process than more straightforward JSA claims (see Section 5.2.4).
- **Rapid reclaims** – In the past the rapid reclaim process was not as rapid as the name suggested, though the process has now been changed and staff suggested that this may now be improving (5.2.5).

Inconsistent and incorrect information

Customers interact with at least two different directorates and members of staff in the course of making their new claim. In cases where they need to chase the progress of their claim or provide additional information, the number of contacts and number of staff involved quickly rises. This increases the probability that there will be variations and inconsistency in the information provided, especially where staff feel they should answer questions about the new claims process that are outside their own remit. Additionally, customers themselves may not always take full notice of the complexity of the information provided to them and therefore, misunderstand or misinterpret information given to them at one or other part of the process, leading them to feel that they have been misled, even if this is not actually the case (see Section 6.2).

The new claim call

Customer Service Agents in Contact Centres undertake a complex data gathering process involving a high degree of rapid and pressured data entry at the same time as handling a sensitive communication process with sometimes vulnerable customers. This is challenging but the research suggested that, at least at the upper end of competence, Customer Service Agents are highly proficient handling both the social and technical side of the process with some confidence (see Section 7.2.3). However, there are places where the complexity of the process may lead to abbreviation of the set script or its reinterpretation into 'plain English' (see Section 7.2.5).

Where customers experience problems in the new claim call (see Section 7.2.4) these are largely due to the complexity and formality of the language used in the mandatory script and the potential for customers to view questions on health and other personal information as intrusive. Customers sometimes also comment that questions appear repetitive, even where there are subtle differences in the questions being asked.

Customers enter the new claim process from a number of different routes (see Section 7.2.1) including referral from Jobcentres and third parties, both of which can be problematic if incorrect information is provided to customers at the point of referral about how to make a new claim or the information requirements of the process.

There may be some room to suggest that not all staff are clear regarding the charging implications of making a new claim (see Section 7.2.2). While most Customer Service Agents were willing to offer call backs to clients calling on mobile phones, they neither offered this voluntarily or encouraged it.

Management and organisation

The research suggested that several aspects of management and organisation may impact upon customer satisfaction. Organisational separation in the process, with different parts of the organisation having responsibility for different parts of the new claim process, may create the space for problems to arise. Customers have contact with different staff at different times, opening up the potential for misunderstandings or inconsistent communication. Performance measures in operation in each of these parts of the process may also encourage staff to pass on problems rather than dealing with them at source (see Section 8.5). This may not be helped because there is some evidence of a lack of trust between frontline staff in each of these directorates and a mutual lack of understanding of the roles and challenges faced by each of these staff groups (see Section 8.6). Taken together, both these aspects of the process may lead to repeat customer contact, with resource as well as customer satisfaction implications.

Impact of changes to the Standard Operating Model

The general consensus resulting from the qualitative follow-up research with staff is that the introduction of, and changes to, the Standard Operating Model (SOM) has been to improve the quality of the customer experience. Staff corroborated the findings from the First Contact Customer Survey (see Section 9.2), identifying improvements in process that would help to support the impression from customers that service quality and efficiency are improving, for most customers. Nevertheless, staff also highlighted a small number of cases where changes to the SOM that were generally regarded as positive, may also have had some unintended negative consequences for some customers. For instance, the merged new claim call and more immediate appointments for supported checking of the new claim information may, in some cases, enhance the potential for information to be missing in the data that is transferred to the BDC for processing. On balance, though, staff views tended to support those of customers that the process had been improved considerably.

Customers with specific or additional needs

The qualitative follow-up research suggested that for the most part, staff are confident in identifying customers with additional needs and amending their approach to these customers accordingly. There is evidently scope within the new claims process, for instance, for customers to undertake their claim in different ways and with a range of different support including interpretation, text-phone, face-to-face support from friends and Appointees as well as Jobcentre Plus face-to-face First Contact Agents (see Section 10.2). However, there were some concerns, based on staff responses, about whether staff are always able to identify the full range of additional needs, particularly where these were not 'visible' or obvious. Staff who were able to comment on the issue suggested that the majority of

those customers who access face-to-face assistance genuinely need this additional support and would not be better served by taking up the telephone claim service. This counters the conclusion drawn in the First Contact Customer Survey and should take precedence over it.

Commentary

The concluding section to this report includes a detailed commentary on the findings from the research. This commentary suggests that insights from the literature on 'lean services' (see Section 11.2.1) may be able to help to explain and contextualise why some problems emerge in the new claim process as well as offering a guide to how process reform in the future might overcome these.

The commentary also suggests that it is important to think about issues of 'customer satisfaction' from an accurate and contextualised understanding of the role, remit and constraints placed upon Jobcentre Plus as an organisation (see Section 11.2.2). Benefit claimants are not 'customers' in the normal sense of the word, and while Jobcentre Plus has a social and legal obligation to provide services to its 'customers' in a fair, efficient and respectful way, it is not necessarily about 'satisfying' a consumer demand. Rather it is charged with implementing the requirements set out by politicians in relation to who should receive what benefit entitlement in which specific circumstances. This framework for eligibility is what drives a significant part of the complexity in the new claims process and this therefore determines much of what customers talk about when asked about their satisfaction with the experience of making a claim for benefits.

Finally, the processes by which new claims are made are the result of a significant amount of technical, structural and technological reform which has taken place over many years and always takes place within the context of existing institutional, technological and staffing structures. At the same time, the political, legal, social and economic context in which the organisation operates changes frequently, as has been seen over the last few years both in relation to the policy agenda on welfare reform and the labour market context which conditions the volumes and nature of benefit claims made to Jobcentre Plus. This means that process reform and redesign is always necessarily constrained and incremental. In this context it is a significant achievement that Jobcentre Plus customers are as satisfied as they are, though that should not detract from the importance of ensuring every possible effort is made to improve services to customers (see Section 11.2.3).

Areas for improvement

The terms of reference for this study do not extend to making formal recommendations. However, the research findings do suggest a number of areas in which improvements might be considered (see Section 11.3). First, these include improvements to the information flow to customers, for instance in relation to how to make a claim for benefits. Second, they include possible improvements to

staff training and raising awareness about aspects of services and process already in place and in relation to improving their capacity to deliver better quality services in the future. Thirdly, they relate to systemic reform of the new claim process, covering issues of bringing together the different aspects of the new claim process, should this prove possible in the future. A final set of areas for discussion relate to the importance of considering the new claims process and the social and financial implications of this in ongoing debates about welfare reform.

1 Introduction

The way in which customers make 'first contact' with Jobcentre Plus has been the subject of much debate in recent years, especially where this contact is in relation to making a new claim for benefits. The process by which customers are able to make this contact has been significantly changed over that period with the emphasis being on channelling the vast majority of customers to telephone contact methods. Whereas in the past customers would make a new claim for benefits by walking into a Jobcentre and either filling in a paper new claim form or doing so with the help of a member of staff, they are now asked to call a Contact Centre where the majority of data gathering is undertaken. A range of alternatives means of making a claim have though been maintained for a very small proportion of customers for whom the telephone process is regarded as unsuitable. Subsequent to the data gathering process, customers are asked to check the information provided and then the claim is transferred to a Benefit Delivery Centre (BDC) where it is processed. Underpinning these changes in visible process have been the introduction of a number of electronic and other systems for the collection, storage and processing of customer data such as the Customer Management System (CMS).

However, this means of handling new claims has been the subject of much criticism (House of Commons Work and Pensions Committee, 2006; NAO, 2006; Social Security Advisory Committee, 2007) around staff training, the capacity of the organisation to deal with incoming calls, quality management and the cost of new claims calls for customers (especially when calling on mobile phones). Since that time, Jobcentre Plus has made several changes to the Standard Operating Model (SOM) which governs the way in which services are delivered. In particular, the new claims process has been revised, with the main elements of this including:

- a freephone number for calls from BT 'landline' telephones;
- the claims process completed in a single call rather than two, as previously, where an initial call from a customer would result in the collection of basic details and a further 'outbound' call would be booked to undertake the full data gathering exercise;
- an improved Interactive Voice Routing system to offer information and channel calls appropriately;

- Contact Centres have moved to a virtual system whereby calls are allocated nationally to the first available phone, regardless of where the call is coming from;
- the data gathered in the new claim call(s) used to be posted to customers in a printed 'statement' for checking. For Jobseeker's Allowance (JSA) and Income Support (IS) claimants this is now forwarded electronically to Jobcentres, where the customer is expected to attend for an interview to check this information with a member of staff and then to undergo an initial Work Focused Interview (WFI).

As a result of this criticism and then subsequent changes to the new claim process, Jobcentre Plus commissioned the Policy Research Institute at Leeds Metropolitan University to undertake research with customers and staff to investigate customers' experiences of 'first contact' with Jobcentre Plus. In June 2008 the first report arising from this project was published. That report summarised findings from a survey of Jobcentre Plus customers who had recently made a new claim for benefits. The survey assessed customers' experiences of 'first contact' with Jobcentre Plus. The report considered general levels of overall satisfaction, levels of satisfaction with aspects of the process (such as the new claim call), drivers of satisfaction, problems and complaints. The research also identified key groups of customers who appeared to have a different experience and in particular those who appeared to have a less satisfactory experience. The survey suggested that the most important drivers of satisfaction with the new claims process appeared to be outside the 'first contact' experience and were related, perhaps unsurprisingly, to eligibility rules and the efficiency of the new claim process overall.

This report summarises the findings of qualitative fieldwork which explored the reasons behind the survey results. In particular, the qualitative research explored systemic and process-related issues which might underpin the experiences of customers, as revealed by the survey. The focus of the data gathering was, however, constrained by pragmatic issues related to data transfer. Difficulties with transferring data from Government to external contractors, as a result of widely publicised losses of personal data, prevented the research from including Jobcentre Plus customers. As such, the data gathering process was limited to Jobcentre Plus staff in the three core directorates of the organisation: Contact Centres, Jobcentre Plus offices and BDCs.

The research was particularly focused on addressing the following key issues, arising from the survey, and the report is structured around each of these:

- Explaining the overall levels of satisfaction. These results are presented in Chapter 3.
- Verifying and exploring issues related to drivers of satisfaction, especially those arising from the survey which suggested that benefit eligibility and the efficiency of the new claims process from 'end to end' (that is; from the point of 'first contact' through to first payment) is the most important driver of satisfaction. These issues are discussed in Chapter 4.

- Explaining the causes of variable levels of satisfaction between key groups, specifically those reporting comparatively low levels of satisfaction (including Asian/Asian British customers, customers for whom English is a second language, IB Credits/IS incapacity customers, and customers reporting a limiting illness). The First Contact Customer Survey also suggested that despite expectations that they might be more satisfied, rapid reclaim customers were no more than averagely satisfied. These results are presented in Chapter 5.
- Explaining the experiences of the relatively large minority of customers who indicate that they face problems in the new claims process, including the provision of inaccurate or contradictory information, and that they had at least considered complaining. The survey also indicated that a small group of customers may experience very long waiting times for payment. The process-related issues which may explain these problems are discussed in Chapter 6.
- A detailed exploration of the new claim call itself was a central part of the research and draws upon both evidence from staff interviews and structured observations of new claim calls. This evidence is summarised in Chapter 7.
- Since the new claims process spans three separate Jobcentre Plus directorates, the research examined issues related to the relationship between these different parts of the organisation, including issues of trust, communication and process handoffs. The results of this line of enquiry are presented in Chapter 8.
- The new claims process is governed by the Jobcentre Plus SOM. This sets detailed procedures for how the business of the organisation should be handled. The SOM has undergone significant changes over the last two to three years. Chapter 9 discusses what impact these changes have had on the 'first contact' element of the new claims process from the perspective of staff.
- The way in which Jobcentre Plus staff identify and accommodate the requirements of customers with specific or additional needs is a crucial aspect of maintaining appropriate accessibility of Jobcentre Plus services. The results of this work are presented in Chapter 10.
- Finally, Chapter 11 discusses the findings of the research in the light of some prominent recent insights into customer service processes, particularly arising out of the literature on 'Lean' services.

2 Methodology

2.1 Introduction

As a result of the ongoing difficulties in accessing data for sampling purposes, an initial plan to undertake qualitative follow-up research with customers was abandoned in favour of research with staff to explore the process-related issues which might underlie and potentially explain customer responses. This research was undertaken in September and October 2008.

2.2 Data collection methods

2.2.1 Fieldwork visits to Contact Centres

Four Jobcentre Contact Centres dealing with new claims calls were visited and research in each comprised:

- **observations** – structured observations of new claims calls were undertaken in each of the Contact Centres. A specially designed proforma was used for recording the findings from these observations. This is included in Appendix A; and
- **staff interviews** – semi-structured interviews were undertaken with a range of staff in each Contact Centre, including Customer Service Agents who actually handle new claim calls and their managers. The topic guide for these interviews is included in Appendix B.

The rationale for each of these visits was to explore issues directly relevant to 'first contact' with Jobcentre Plus.

2.2.2 Fieldwork visits to Benefit Delivery Centres

Fieldwork in four Benefit Delivery Centres (BDCs) included the following:

- **an initial telephone interview with managers** – the purpose of these structured telephone interviews was to investigate management and organisational issues and to select appropriate respondents to be included in face-to-face visits;
- **staff interviews** – semi-structured interviews were undertaken with a range of staff in each BDC, typically including Benefit Processors from each of the three benefit teams (see Section 8.2) plus representatives of telephony teams. The topic guide for these interviews is included in Appendix C.

While the focus of the research was on issues of ‘first contact’ that take place before the claim is passed to BDCs, the customer survey suggested that issues such as benefit processing time impacted on customer’s satisfaction with first contact itself. In addition, the research explored what difficulties benefit processing staff experience as a result of problems at the first contact stage, such as incomplete or inaccurate data gathering.

2.2.3 Fieldwork visits to local offices

Fieldwork visits were undertaken to four Jobcentre Plus offices. In each Jobcentre, a mixture of interviews were undertaken with staff, typically including the Jobcentre Operations Manager, Customer Service Managers, a Disability Employment Adviser and a Financial Assessor. Typically, one of these members of staff performed the role of face-to-face First Contact Officer (FCO). The rationale for these interviews was to explore factors associated with the hand-overs between the three directorates and to explore the relationship between later problems in the new claims process and ‘first contact’. In addition, issues related to those customers who make first contact in person in a local office or who are able to broker support from Jobcentre Plus staff to assist them to make their claim, were also explored. The topic guide for these interviews is at Appendix D.

2.2.4 Senior staff consultation

The Director’s in each of the three Jobcentre Plus directorates involved in new claims services were interviewed. These unstructured discussions included issues such as the rationale underpinning process design, high-level coordination, management and organisation and future plans for service change.

2.3 Data analysis

All interviews, other than the senior staff ones, were conducted against a semi-structured topic guide which was designed in the light of the survey findings. All interviews were recorded and transcribed verbatim. Transcripts were then analysed using qualitative analysis software. The analytical framework was both deductive and inductive. Deductive research methods take particular expectations or hypotheses derived from previous work and use observed findings to test the validity of these. As such the qualitative fieldwork used the findings from the First Contact Customer Survey and other relevant research projects (e.g. Johnson and Fidler, 2007) to establish discussion guides and coding frameworks to structure the analysis. Inductive research methods start from an alternative premise and allow meanings and findings to emerge from the observed data. The fieldwork and analysis were sufficiently open to allow respondents to discuss experiences which were not part of the pre-established discussion guide. To accommodate these in the analysis it was possible to introduce new codes as the transcripts were analysed. This report is largely structured around the coding and analytical framework established at the outset, as amended by this inductive process.

3 Overall satisfaction

3.1 Summary of survey findings

In terms of overall satisfaction with 'first contact', the survey revealed nearly 78 per cent of respondents to be either 'fairly' or 'very' satisfied; with about 14 per cent reporting they were 'fairly' or 'very' dissatisfied.

As the main *Jobcentre Plus National Customer Satisfaction Survey 2007* (Johnson and Fidler, 2007) revealed, Jobcentre Plus customers are not an homogenous group and satisfaction tended to have certain variance depending on the customer group in question. The First Contact Customer Survey (Nunn *et al.*, 2008) showed that Jobseeker's Allowance (JSA) customers report the most satisfaction, with nearly 80 per cent being 'fairly' or 'very' satisfied. Similarly, the vast majority of Income Support (IS) care customers, predominantly lone parents or customers with other caring responsibilities, reported high levels of satisfaction with 79 per cent being 'fairly' or 'very' satisfied. The least satisfied were customers claiming Incapacity Benefit (IB) Credits or IS on the grounds of incapacity, with less than 70 per cent reporting satisfaction.

3.2 Explaining survey findings

For the majority of Jobcentre Plus respondents, the key perceived aspect of overall satisfaction relates to speed and efficiency in relation to both data gathering and claim processing. It is staff in Benefit Delivery Centres (BDCs) who tend to pick up queries related to delayed and/or problematic new claims. Several of these respondents suggested that they tend to have very little contact with the vast majority of customers whose new claim is often processed without difficulties or delay. As such, their contact with customers tends to be skewed toward those that experience problems. While their experience of these calls is clearly relevant, it is important to note that it is not typical of the customer experience overall.

Despite this, the overall tenor of discussions with staff respondents appeared to triangulate with the findings from the customer survey: that overall levels of satisfaction among customers are good and improving, especially in comparison

with the period of difficulties experienced when the new telephone claims process was first introduced.

Several respondents did mention occasional problems with errors, delays or inaccuracies in the data gathering and verification process but several respondents suggested that on the whole, progress has been made over the last 18 months to two years to stabilise and significantly improve these aspects of the new claim process, with substantial benefits to customers in terms of processing times and quality of service. Several respondents spoke of a rise in complaints and previous examples of systemic problems when the telephone claims process was first introduced, followed by a fall to previous levels once the system had 'bedded in'. One Customer Service Manager stated that for them, and their colleagues in Jobcentres, there was a growing confidence meaning that they can assure customers that the process is now both more efficient and more reliable than in the past:

'[P]eople don't like change so it's getting over that initial reaction, but we find that when we explain to people that there is a new system, it does work better and it does work better there's no question about that...it's far more efficient than the old system we had.'

(Jobcentre, Customer Services Manager)

Some respondents in local Jobcentres did mention that some customers express a preference for face-to-face contact when making a new claim and that having to explain that this is no longer recommended for some customers, can cause visible dissatisfaction – particularly when the customer has visited the office in person. Several also expressed a view that face-to-face new claims should continue to be available for customers facing particular challenges or who may be particularly vulnerable – for example, customers recently released from prison.

The conclusions drawn by the research team in relation to the customer survey findings suggested that overall customer satisfaction might improve if take-up of the 'standard' telephone claims process was improved. However, findings from this qualitative research (see also Chapter 10) indicate that this conclusion should be revised, since staff respondents suggested that those who currently circumvent the telephone process and gain access to face-to-face support tend to require additional support.

Staff respondents tended to concur with the survey findings that overall satisfaction is in large part determined by the ease and efficiency of the new claim process. Many respondents suggested that overall processing times are largely determined by the complexity of establishing customers' eligibility for benefits and that this derives in large part from legislative requirements, rather than process design. This is particularly the case in relation to customers in some specific and more complex situations, for instance in relation to income-based claims, claims involving partners and large families or complex or atypical work histories. At least one respondent went on to make the point that the complexity of rules related to benefit eligibility

relate, in the main, to attempts by legislators to differentiate, at least partly in response to public opinion, between different groups of benefit claimants, and to avoid the provision of public goods to those who do not require them.

3.3 Summary and conclusions

Findings from the follow-up research with staff appeared to triangulate with those from the survey research: that the vast majority of customers receive a good quality and efficient new claims experience and are broadly satisfied with this. Discussions with staff also appeared to support the conclusions in the survey report regarding the effects of recent changes in the new claim process, which seem to have substantially improved the quality and standardisation of customer experiences. Findings from staff also suggested that the overall quality of the customer experience is determined, in large part, by the overall efficiency of the process, with eligibility and process time being key elements of this. In turn, processing time is heavily determined by the complexity of the eligibility criteria and secondly by the efficiency and effectiveness of the data gathering process. These factors are neither new or wholly within the control of Jobcentre Plus.

In this context it is worth bearing in mind that much of what Jobcentre Plus delivers as services to customers in the new claims context is about implementing legislative obligations rather than being about satisfying customers. Within this context the organisation does have responsibility for implementing the legal framework fairly, efficiently and treating benefit claimants with respect, acknowledging their vulnerable position. This may, therefore, suggest that the whole language of 'customer satisfaction' is to some extent misleading.

Where the findings from qualitative work with staff deviate from the conclusions drawn from the customer survey is in relation to the scope to expand the take up of the telephone claim process. Discussions with staff suggested that almost all those customers who make a claim outside the telephone process have additional needs which would make it difficult for them to use the telephone process.

4 Drivers of satisfaction

4.1 Summary of survey findings

It is important to note that much of the evidence revealed by the First Contact Customer Survey in relation to drivers of satisfaction, relate to factors outside the first contact experience. In this respect, the survey findings confirmed that the length of time taken to receive payments was a strong predictor of satisfaction and dissatisfaction with the claims process overall; as was eligibility and the level of benefit payment. Indeed, these aspects appeared to be the most significant explanation for satisfaction.

Nevertheless, and alongside these findings, customers also cited the friendliness and helpfulness of staff as a key driver of satisfaction, and the loss of documents or the provision of incorrect or contradictory advice as a particular cause for dissatisfaction with their first contact experience.

4.2 Explaining survey findings

Staff respondents across the three directorates suggested that a number of factors drive satisfaction with the new claims process. These included suggestions which overlapped and supported the survey findings. In particular, these centred on an efficient and uncomplicated claim experience with rapid decision and payment.

'...well a totally satisfied customer would be one that made the claim over the phone and then had their claim processed within the timeframe and the prescribed manner and was able to provide all the evidence if the evidence was required.'

(Benefits Delivery Centre, Telephony Agent)

They concurred that eligibility was an important determinant of satisfaction for some groups, particularly those who do not qualify for full Incapacity Benefit (IB). Staff also suggested that what customers want is a straightforward, business-like and quick data gathering experience, with clear instructions given as to what the customer needs to do in support of their claim. At the same time as achieving

this, staff felt that it was important to treat customers with respect and to avoid stereotyping.

The most frequently and clearly expressed view among staff was that customer satisfaction in the new claims process is driven by three key factors: the customer's eligibility for payment; the speed with which their claim is processed; and the ease with which it is processed.

Some aspects of these drivers of satisfaction clearly lay outside the organisational remit of Jobcentre Plus, let alone the scope of individual job roles in the new claim process. However, staff in each of the directorates did recognise their role in contributing to overall efficiency and effectiveness. This was, in the main, related to the efficiency and accuracy of data gathering and processing and enabling customers to have confidence that this efficiency would mean that their claim would be dealt with quickly.

'They want their claim dealt with as quickly as possible, and dealt with accurately like addresses are up-to-date, and the Post Office code's being changed properly. Erm, yeah, but basically they want their money as quickly as possible, which is understandable.'

(Jobcentre, Disability Employment Adviser)

There were several respondents who suggested that one important constraint on the capacity of the organisation to process claims quickly is simply staffing numbers in Benefit Delivery Centres (BDCs), especially the ability to vary organisational capacity to respond to both longer-term and regular fluctuations in claim volumes. Staff turnover, often driven by staff movements within the internal Department for Work and Pensions (DWP) and Jobcentre Plus labour market, can lead to difficulties in rebuilding skills and experience within the workforce.

In addition to speed and accuracy in processing, respondents in both Contact Centres and Jobcentres emphasised the importance placed on surety about how long processing and first payment would take. It was suggested that this is particularly important to customers because of the difficult context most customers find themselves in when making a new claim.

Many of the staff interviewed recognised the importance of this context and suggested that customers are given this degree of confidence in the system by taking a business-like approach and being in full command of the process and available information. For example, for one Customer Service Agent, customer satisfaction in respect of the claim call is dependent upon agents following two simple tenets:

'Getting it right first time. Knowing your stuff.'

(Contact Centre, Customer Service Agent)

However, some respondents suggested that providing customers with accurate and credible information about the claim process is a problematic issue, for several

reasons: First, it was acknowledged that while staff understand the predicament that customers are in they sometimes simply do not have the experience or expertise to be able to answer all the questions that customers may have because it is not formally part of their remit. They may also be driven on occasion by the demands of time, workload and performance measurement (see Section 8.5.1) to rush through their interaction with customers without paying full regard to customers' needs:

'[S]ome members of staff from my experience don't give all the information they're meant to give, you know, to try to cut call times down. So then that's obviously not good customer service, which is impacting on the customers' experience of Jobcentre Plus as a whole.'

(Contact Centre, Customer Service Agent)

This was thought to be more pronounced as an issue for Contact Centre staff than others. Weaknesses in the induction and training system, particularly in the past (see Section 8.4) were sometimes blamed for this. Some managers spoke about their attempts to address this by facilitating familiarisation and shadowing visits to other parts of the new claims process.

Nevertheless, staff did widely acknowledge that given the often difficult financial, emotional and other situations (e.g. ill-health, bereavement, etc) facing customers it is particularly important that they are treated with patience, courtesy and respect. It was firmly suggested that customers appreciate this and a lack of it is a key driver of dissatisfaction:

'I'm sure everybody on the phones have family members who are on benefits, or have been on benefits themselves, so just to remember when you're dealing with customers not to...to deal with them the same way you would deal with yourself. I mean, we all know what coming through to a call centre can be like...'

(Benefit Delivery Centre, Benefit Processor)

For several of the BDC respondents, there was a recognition that calls to them by customers – particularly those experiencing a delay in payment or decision – can follow on the back of several calls to the Contact Centre or visits to the Jobcentre that might have been necessary prior to the call to the BDC. Some BDC staff made direct reference to the importance of being mindful of this context in understanding customer behaviour and demeanour.

4.3 Summary and conclusions

Findings from the qualitative work with staff concurs with the findings from the customer survey in several important respects. In particular, staff responses overwhelmingly supported the conclusion drawn from the customer survey that the primary drivers of satisfaction relate to eligibility, processing and payment times. Staff also recognised that while much of what determines eligibility and

payment times is dictated by factors outside of their control (such as legislative requirements), they do recognise their own role in this. They suggested that accuracy and efficiency in the data gathering process is central. Constraints on efficiency and accuracy included staff numbers, skills and confidence. However, staff also suggested that process rigidity and the requirement not to provide customers with information that may turn out to be incorrect, sometimes limits their capacity to be able to respond to customers' understandable demand for information about the likely timescales involved.

Within these constraints staff did recognise the importance of treating customers with respect and courtesy, bearing out the findings from the customer survey that most customers felt that they had been treated in this way. However, some staff were concerned that a lack of skills and the influence of performance management may sometimes mitigate against staff offering this level of interpersonal customer service.

5 Explaining variation in customer satisfaction

5.1 Summary of survey findings

The customer survey suggested that there were a number of important variations in customer satisfaction that required further explanation. In particular, several different groups appeared to be less satisfied overall. These included:

- **customers claiming Income Support (IS) on the grounds of incapacity or Incapacity Benefit (IB) Credits** – these customers were comparably less satisfied. One rather obvious reason for this group being less satisfied relates to possible disappointment at not qualifying for full IB and the reasons that they believe that they may qualify for it;
- **those reporting a limiting illness** – the survey suggested that customers reporting themselves to have a limiting illness were less satisfied than other customers. The survey suggested that one important dynamic in this was the complexity of claims and the length of time that they tended to wait for the benefit claim to be processed;
- **Asian/Asian British customers** – the survey indicated that customers from an Asian/Asian British background were less satisfied than customers from other ethnic groups, though it was not possible to identify what causal factors lay beneath this finding, other than a potential overlap with the following group of customers, who were also less satisfied; and
- **those who speak English as a second language** – this group of customers was marginally less satisfied overall than native English speakers. Again, the survey did not suggest any particular reason for this, other than the obvious conclusion that people with difficulties in communicating might be less satisfied with a telephone-based new claim process, which is demanding in relation to communication skills, than those who find this process relatively easy.

In addition, while rapid reclaim customers receive a faster service and might be expected to be more satisfied than others, they were neither more or less satisfied than the rest. The qualitative follow-up work with staff therefore tried to explore the process-related reasons for these findings.

5.2 Processes explaining survey findings

5.2.1 Asian/Asian British Customers

When respondents were asked to speculate on why Asian/Asian British customers had reported less satisfaction, most mentioned either personal experience of, or conversations with colleagues, concerning occasions where there had been difficulties with understanding customers from an Asian/Asian British ethnic background.

A number of potential explanations were offered for this: First among these were problems with communication in English for a small proportion of Asian/Asian British customers. This related to communication in English generally and specifically to problems related to understanding some of the more technical or specific terms and phrases that are included in the mandatory text. In other instances, staff also suggest that they sometimes find it difficult to understand certain words or expressions where customers have strong accents. This was a continuation of a similar and more general point made about customers with strong regional or other accents. Some staff also mentioned that it can also be their own accent that some Asian/Asian British customers find difficult to understand on occasion, with which they sympathised.

Several respondents also mentioned the requirement for some Asian customers to undergo the Habitual Residents Test, which can both delay a claim and also requires another interview. In these cases, information required of the customer may include the presentation of valid passports and proof of their eligibility to work in the UK. Any delay or incorrect information relating to these requirements will necessarily delay claim processing. Moreover, in some cases, an interpreter may be needed for when the customer undergoes their interview at the Jobcentre. The processes for arranging this may cause a further delay.

However, in addition to these process-related issues, one respondent suggested that there may be instances where discrimination plays a part, though the precise nature of this was not explained or substantiated. While this obviously should not be ignored it is important to note that the evidence on this was very marginal. In addition, this was balanced by evidence from other respondents about how processes of dealing with language and cultural issues associated with Asian/Asian British customers were well entrenched in routine practice. Again, while such an assertion should not be ignored it was based on evidence from only one respondent.

In this situation, and if required, being able to use the interpretation service usually ensures correct data gathering and less instances of further information needing to be gained from the customer following the first claim call. Further language-related issues are explored in Section 5.2.2, below.

5.2.2 Customers whose first language is not English

Reference to the interpretation service was a regular feature of most interviewee's responses relating to both Asian/Asian British and other customers whose first language may not be English. Several respondents mentioned the costs associated with booking a translator. One Contact Centre Operations Manager suggested that qualitative assessments of new claims calls may lead to Customer Service Agents persevering with a claim call despite the customer having continued difficulty understanding what is required. In the main, however, responses from all sections tended to focus on the nature and conversational dynamics of calls that require the services of a translator.

'[I]f someone told me to go onto Language Line I would do it but our staff now really, really struggle with knowing what to [do] as far as Language Line's concerned, and holding this conversation with the interpreter. I think there should be a training course on this; its happening more and more. We had one last week where a member of staff couldn't understand anything that was going on – even the interpreter – and it was just a general enquiry which had come escalated from the Jobcentre. But that customer got no satisfaction.'

(Benefit Delivery Centre, Team Leader)

Equally, respondents suggested that there may be occasions where customers themselves persevere with the call despite having difficulties and even after being offered the services of a translator.

Whilst only two or three respondents reported instances where calls from customers were unable to be completed because of language issues or barriers, most did discuss the issues or difficulties that can arise when a third person enters the conversation between a staff member and a customer. Several staff mentioned in these instances that customers often speak at length in their own language to the translator – even if the question being asked requires a 'yes' or 'no' response in terms of the data gathering requirement.

'You sometimes wonder what they are translating, because it is a three-way conversation and you can hear everything that is going on at all times. But you ask them a simple question, then a conversation stems off and it is, it can seem: "Well, that is not what I asked"; "In no language would it have taken five minutes to ask that one question".'

(Contact Centre, Customer Service Agent)

Some respondents expressed sympathy with a customer who, upon being able to speak through a translator in their own language, begins to elaborate on what might be personal difficulties or expands on their concerns about eligibility or processing times for a particular claim. However, several staff spoke of occasions where it appears that the translator and customer drift into their own conversation whilst they are attempting to data gather. Moreover, not all translators explain what was being discussed and so the Customer Service Agent or BDC staff member may have to interrupt and request that they return to the main focus of the conversation.

However successful these three-way conversations may be, it is clear that the use of this service will extend the length of the new claim call and introduce greater potential for miscommunication and/or errors in the data gathering process. Each of these then might lead in turn to less satisfaction. Further, if respondents' recollections of meandering conversations between translator and customer and frustrated attempts by Customer Service Agents to bring the conversation back to answering the questions are correct, this may also account for a degree of dissatisfaction.

One Customer Service Agent also mentioned the occasional difficulties experienced by staff members taking calls from customers from different UK regions, and where the customer's regional dialect or accent can be difficult to understand.

5.2.3 Incapacity Benefit Credit/Income Support incapacity customers

There were several main themes that arose from the responses relating to the levels of satisfaction among IS (incapacity) and IB credit customers. The first referred to the main differences between the eligibility for full IB and these other benefits and the potential disappointment of these customers on not receiving the full IB.

However, several respondents also made reference to IS claims calls being quite lengthy and complex, with customers occasionally becoming somewhat weary of the extent and depth of the data gathering required.

'...I suppose that would just be one department talking to another so it would be people that were on IB Credits have to claim Income Support if they're on IB contribution then that's just a case of looking at their stamp and what they've paid, but again it involves, anything that involves Income Support is a longer process because it's means tested so to speak, so every aspect of what they've got coming in and going out is asked about. And obviously again have to look at different things from employers SSP and self-employed and all that kind of stuff.'

(Benefit Delivery Centre, Telephony)

Furthermore, the amount of time taken to verify a customer's contributions, and the class of contributions made for IB (whether successful or not), can lead to delays in payment, which can, on occasion, generate impatience or even a complaint from the customer. For example:

'[S]elf-employed people ... they can pay Class 4 contributions but that doesn't qualify them for Incapacity Benefit. They would then have to claim Income Support and it's very difficult to explain that to the customer who has been paying what they see as a contribution every year.'

(Benefit Delivery Centre, Manager)

Some Customer Service Agents also suggested that the script relating to incapacity benefits means that customers are asked on several occasions about their ability to participate in work after they have already spoken about their incapacity. Customer Service Agents suggested that this can lead to customers sometimes thinking that the questioning is a precursor to either the rejection of their claim or a stipulation that they are in fact able to work – albeit only in certain occupational roles.

Equally, Contact Centre staff also felt that these customers may also be dissatisfied as a result of the intrusive nature of the questioning related to their ill-health and personal circumstances:

'Sometimes the questions do feel a little bit intrusive as well because you have got a lot of questions that repeat themselves and it is almost as if you are saying: "I understand you are ill but why are you really claiming benefits?" – that sort of thing because you are going over the same ground over and over again.'

(Contact Centre, Customer Service Agent)

In addition, several respondents suggested that some benefit claimants who are anxious to get back to work, even where they are currently incapacitated, are disappointed by the longer wait for a Work Focused Interview (WFI) than JSA customers. However, this does not necessarily explain the difference in the survey findings between full IB claimants and those on IB Credits.

In considering the claim call process specifically, staff spoke equally of positive responses from customers being able to have their claim form completed by the Customer Service Agent and some negative responses relating to the amount of personal information being asked, or some customers' preference to speak in person to someone regarding details of their illness or incapacity.

5.2.4 Customers reporting a limiting illness

In the main, respondents were less able to offer their own experiences or views concerning customers reporting a limiting illness, and tended to refer back to comments and answers relating to IB customers. One BDC staff member did mention the surprise – even shock – displayed by some long-term limiting illness customers no longer able to see someone face-to-face.

5.2.5 Rapid reclaim customers

Rapid reclaim is a process of reducing the amount of information that is collected from customers where they are making new claim for Jobseeker's Allowance (JSA) or IS within 12 weeks of the end of a previous claim and where there has been no other change in circumstances. The intention behind this is that it reduces the inconvenience for these claimants when reclaiming, thereby encouraging them to take short-term or uncertain work as a means of building up their engagement with the labour market.

In the First Contact Customer Survey, rapid reclaim customers reported a similar level of satisfaction as reported by the wider group of customers more generally. This was surprising since the quicker streamlined service available to rapid reclaim customers might have been expected to increase their satisfaction in comparison to the average.

From the interview with the Customer Service Agents, it is apparent that most feel rapid reclaimers are offered a streamlined service in respect of the process of reclaiming, and that this service has been improved further following alterations to the process during 2008. Several Customer Service Agents mentioned occasions prior to that when a customer would be able to answer the questions asked during the reclaim call but would then be required to supply additional information, or documentation, when arriving at the Jobcentre for their interview. In these cases if any additional information was required of the customer by the Jobcentre that was not to hand, the processing of the customer's claim would likely be delayed. As a result of this some respondents suggested that the rapid reclaim process was therefore 'not that rapid' and did not necessarily lead to quicker payment of benefits. In the context of the wider findings that it is this payment and processing time that is particularly important in determining satisfaction with the first contact process, it is perhaps unsurprising then that in the past these customers were no more satisfied than the rest.

However, since the survey was undertaken a new rapid reclaim process has been put in place. Most respondents reported positively on this, suggesting that the process is now more rapid than in the past, although a small number of others suggested that they were not yet convinced that the rapid reclaim process has overcome these problems. The consensus appeared to be that rapid reclaimers do now receive a more rapid claim process up to their claim being forwarded to the BDC:

'It's a straight through process and we've only been doing it for about a month. Rather than booking them in for a Work Focused Interview, we just check that there hasn't been any changes, and we fill a form in with them while they're on the phone. That gets e-mailed off to the Jobcentre. And then all we do is just literally book them in with another signing appointment.'

(Contact Centre, Customer Service Agent)

However, although most respondents believed that the rapid reclaim process has speeded up data gathering and getting the customer's claim to the point of benefit processing, many reported similar periods of time taken to generate a benefit payment. In this respect, several respondents suggested that this might affect a customer's satisfaction with the whole rapid reclaim process. Indeed, several respondents suggested that the term 'rapid reclaim' might suggest to customers that they can expect a fast, streamlined service from reclaim to benefit payment.

Further, some respondents spoke of occasions when, despite a rapid reclaim customer having claimed within the previous 12 weeks, there can nevertheless have been a change in their circumstances. If a customer has neglected to inform the contact centre of any change, it will likely be detected at the benefit processing stage and thus inevitably delay payment whilst the correct information is sought. Alternatively, there may be occasions when a change in circumstances has been declared by the customer but has not, for whatever reason, been picked up during the reclaim call.

What may be important here is the intended policy linkage between the rapid reclaim process and attempts to activate Jobseekers and help them find work. The aim of the rapid reclaim process is that customers are not dissuaded from taking jobs of a short-term or uncertain nature because they know that in the event of them needing to reclaim in a relatively short period of time, they will not face a long wait for payments to recommence. As such, any delay at all in the processing of a rapid reclaim might be expected to cause dissatisfaction. For their part, a Customer Service Agent considered that in using the particular terminology 'rapid reclaim', any delay caused to a customers' claim from any part of the process would likely dissuade them from taking occasional or temporary work of less than a fortnight.

'[I]f somebody gets the opportunity of taking a weeks' work, they won't take it if it is going to take them such a long time to get their benefit paid back.'

(Contact Centre, Customer Service Agent)

Another Customer Service Agent suggested that some customers might wrongly associate the rapid reclaim process with the processes undertaken in respect of passport benefits provided by other local agencies, such as the local authority:

'Because Housing Benefit is slow to process this type of thing; some authorities take up to three months...Once it's up and running, the customer knows its running, it's fine. So, encouraging people to take up part-time work has, for the longstanding customers, always been a problem because they've tried casual work and they've had serious problems with Housing Benefit.'

(Jobcentre, Customer Services Manager)

5.3 Summary and conclusions

This section considers potential explanations for the findings from the First Contact Customer Survey which suggested that some specific groups were less satisfied than others. The qualitative work suggested several possible explanations that could account for these differences in satisfaction, especially given that the differences were relatively minor in most cases:

- **Asian/Asian British customers** – possible explanations for this group of customers being less satisfied focused mainly on the overlap with communication issues and the relative difficulty that some Asian/Asian British customers may have with dealing with a lengthy and detailed telephone interview, including technical terminology and formal language as well as the lengthier process that impacts on some customers who need to take an Habitual Residency Test.
- **Those who speak English as a second language** – explanations here related to obvious language and communication difficulties and that while the interpretation service offered is effective, it may also lead to longer telephone calls and added potential for frustration and misunderstanding, possibly leading to requests for further information at a later date.
- **Customers claiming IS on the grounds of incapacity or IB Credits** – the obvious explanation that some of these customers are particularly disappointed by not being eligible for full IB was augmented by other explanations related to the depth of data required as part of the claims process for IS and the sensitivity of some of the health-related questioning. Respondents also suggested that these claims may take a little longer than JSA claims to process.
- **Those reporting a limiting illness** – this group of customers may suffer from an overlap of issues with IS claimants as well as being more likely to be dissatisfied by the personal and health-related questioning in the new claim call. Again, these claims may take longer to process than more straightforward JSA claims.
- **Rapid reclaims** – The expectation at the time of doing the First Contact Customer Survey was that rapid reclaim customers might be more satisfied than other customers as a result of a more straightforward claim process. In fact the survey suggested that they were neither more nor less satisfied than other groups. The findings from this research suggest that in the past the rapid reclaim process was not as rapid as the name suggested. However, the process has now been changed and is more rapid than previously.

6 Explaining the provision of incorrect or inconsistent information

6.1 Summary of survey findings

The results from the First Contact Customer Survey revealed that nine per cent of respondents had experienced being given incorrect or contradictory information at some point in the claim process. This figure was marginally higher for respondents claiming Incapacity Benefit (IB) Credit or Income Support (IS) for reasons of incapacity. The main types of information identified related to which benefit to apply for, when the benefit would be received, and the recording of incorrect personal details.

6.2 Explaining survey findings

There were a number of potential explanations offered by staff respondents to explain these findings. The first set of explanations revolved around the different contact points involved in the new claim process. The separation of roles means that staff in each directorate should only engage with the customer in relation to their own part in the process. However, customers naturally ask for details of other parts of the process too. For instance, a customer walking into a Jobcentre to make a new claim will be referred to the telephone new claims service, but may also ask questions about how long the telephone call or benefit processing might take. It is relatively easy for a well intentioned, and even well informed, response to such questions to result in customers feeling that they have been given incorrect or contradictory information. For example, a reasonable response to such questions might be that a new claim call will take 30 minutes, but it is also easy, depending on circumstances, for the new claim call to take much longer than this. Similarly, a sensible response to a query about average processing times might lead to customers being disappointed if their claim took longer than that period to complete:

'...because we don't always get the right training and a lot of contradictory information, that's why it happens, you know, they could speak to one person in the Jobcentre, they'll tell them one thing, speak to another and they'll tell them something different; come through to us and...we'll say different again, and yeah, that is really frustrating for them.'

(Contact Centre, Customer Service Agent)

In some cases Contact Centre staff suggested that staff in Jobcentres may be too willing to refer customers to the new claims number without fully understanding the nature of customer queries and that this results in difficult conversations with customers:

'...Jobcentres, or staff in Jobcentres need to listen to what the customer wants before just saying to them get on phone...ring this number. Let them explain what they want, and then if it is a new claim then all, by all means, but if somebody's walked from Jobcentre to see their adviser...and they've gone in and said "I need to speak to so and so about my Jobseeker's Allowance", they still get told "ring this phone number".'

(Contact Centre, Customer Service Agent)

In addition, customers often make detailed enquiries during their new claim call, again covering issues such as eligibility and timescales for processing. Sometimes customers' recollection of the answers to these queries may be misleading. For instance, they may take the fact that they are told to claim for IS and IB, after giving some initial details of their circumstances, to mean that they are being advised that they are eligible for one or other of these benefits. In addition, it may be that sometimes staff in Contact Centres or Jobcentres give advice or information about eligibility and processing that turns out to be incorrect. In this respect, many of those who mentioned this reported either having overheard or been told about staff not trained in benefits nevertheless offering advice or information concerning eligibility or likely levels of benefit payments.

Such advice can result either from over-confidence or from not keeping up to date with recent changes. This is particularly the case as many staff have moved around Jobcentre Plus from one role or directorate to another and may, therefore, have previous benefit processing experience, but which is now out of date.

Ironically, a failure to answer questions which are outside of the Customer Service Agent's area of work may also result in disappointment, frustration and dissatisfaction on the part of customers. In this context, it is easy to see why Customer Service Agents, and other staff, may occasionally be tempted to give information to customers which they are neither expected by management, nor qualified, to offer.

Another frequently mentioned area where misunderstandings and miscommunication may arise surrounds the types of information and supporting documentation that is required from customers. It is relatively easy for customers to finish the new claims call with the impression that all information that is needed

has already been collected, either because the Customer Service Agent does not recap what information may still be missing or the types of documentation that need to be taken to the Jobcentre for verification. Several respondents in Jobcentres suggested that it is not uncommon for customers not to bring the required supporting documentation. At the same time, at least one observed new claim call did not end in the Customer Service Agent recapping the information and documentation that needed to be taken to the Jobcentre. In addition, some respondents confirmed that for Customer Service Agents who wanted to cut down their average call time, missing this sort of information was one opportunity to achieve this.

Moreover, customers may occasionally lose concentration or misunderstand the nature of documentation needed. For instance, it is relatively easy to take the wrong form of proof of earnings where additional details of Statutory Sick Pay are required. As some claim calls can run to 50 minutes, several agents stated occasions when the customers indicate that they have understood all information relevant to their claim proceeding but that they lack confidence in this. On these occasions gaps in claim information may go unresolved until noticed by Benefit Delivery Centre (BDC) staff.

'The only problems we get with the printed statement would be where the customers didn't have the information when dealing with the Contact Centre, so they turn up here and we have to gather the extra information. We were just talking about this the other day. Just simple things like this new initiative about transferring electronic files and benefit claims. It's amazing how many customers don't know the name of their landlord.'

(Jobcentre, Customer Services Manager)

As another example, a member of staff in a Jobcentre or Contact Centre or even in a BDC telephony role, may suggest that while they cannot guarantee how long any individual claim is taking, on average, claims are clearing in a specific amount of time. Customers may not always fully take account of the differentiated message and therefore, recollect that they have been told that the claim will take that amount of time to process. In each of these instances, it would be possible for customers to draw the conclusion that they had been given incorrect or contradictory information.

Virtually all respondents accepted that despite their best efforts, mistakes are sometimes made in the data gathering or another part of the claim. On occasion, a customer may be adamant that a mistake has been made when, upon further examination, the issue relates to insufficient or incorrect information having been given by the customer themselves.

Finally, there are occasions where benefit processing staff re-check documentation already verified by Jobcentre staff. If a customer has already provided information and been told by a financial adviser at the Jobcentre that they do not need to provide any further documentation, they may also conclude that they have been

given incorrect or contradictory information when recontacted to check this information or documentation again.

6.3 Summary and conclusions

The new claims process is such that customers interact with at least two, and potentially three or more, members of staff in three different directorates. Customers will not appreciate the demarcations of role and responsibility between these different staff and parts of the organisation. As such, they naturally ask questions about aspects of the process outside of the role and remit of individual members of staff. Because staff recognise the frustration that some customers experience if they are unable to answer questions, they may occasionally provide customers with information that is outside their remit and which may, on occasion, turn out to be incorrect.

In addition, customers interact with the new claim service at a difficult time in their life and many customers lack basic skills or have problems with social and communication skills.¹ As such they may occasionally misunderstand the information provided to them.

¹ This is a well documented reason for unemployment and 'barrier to work' (for e.g. see Sanderson (2007) and Berthoud (2003)).

7 The new claim call

7.1 Summary of survey findings

Overall, satisfaction with the new claim call was very high, and rated above the new claims process overall, indicating that customers perceived problems to be the result of factors outside of this 'first contact'. Ninety-three per cent of customers were either 'fairly' or 'very' satisfied with this, and while this varied slightly for different groups of customers, 90 per cent or more reported this from all different benefit types. Satisfaction was also high for various different aspects of the new claims call:

- 96 per cent of respondents were either 'fairly' or 'very' satisfied with the extent to which the new claims agent was 'friendly and polite';
- 96 per cent of respondents were either 'fairly' or 'very' satisfied with the extent to which they were treated with 'respect as an individual';
- 93 per cent felt that their privacy was respected;
- 91 per cent were 'fairly' or 'very' satisfied with the time taken to complete the new claim call;
- 89 per cent of respondents reported that the new claims agent had been able to provide relevant information;
- 86 per cent of customers felt that their questions had been answered at the end of the new claims call, though the proportion of those with unanswered queries appeared to be far higher for Incapacity Benefit (IB) claimants;
- 92 per cent of customers reported that questions were easy to understand and overall 93 per cent said that they were easy to answer; and
- a relatively large minority (12 per cent) of IB claimants reported that the new claim call had caused them problems, such as stress.

7.2 Process issues related to the new claim call

7.2.1 Routes into the call

Staff respondents suggested that customers find information on how to contact Jobcentre Plus from a variety of sources, with the most frequently mentioned including word of mouth, a visit to the Jobcentre, or from previous knowledge. In addition to this, respondents also mentioned the internet as a source of information for customers on how to make a claim, whether that be the Jobcentre Plus website, other Government websites (for instance Directgov) or third party advice.

Some respondents, especially in Contact Centres, suggested that other sources of information about how to instigate a claim were also used such as external agencies or reference information sources such as the 'Yellow Pages'. In some cases concerns were raised about the quality of information and advice provided by third parties on how to make a claim for benefits.

Some respondents also worried that customers who visit a Jobcentre and are simply referred to a telephone number are receiving poor quality customer service and may as a result begin the new claim call in an already frustrated state. This was especially the case where the referral was made before they have actually entered the Jobcentre, for instance by a security guard.

Concerns were also raised about the ability of Jobcentre Plus to offer a consistent message to customers about the new claims process as covered in the previous Chapter (see Section 6.2) and that this may result in customers calling the new claims number when they want to make a different type of enquiry. However, it was difficult to verify how frequent this type of experience is. The automated message that customers hear when calling the new claims number does make clear that the number is for new claims only and offers customers options to get alternative numbers for other services.

Respondents were also asked about customer feedback on waiting times to be connected to an officer. In the past this has been a major area of criticism of Jobcentre Plus. However, the First Contact Customer Survey findings suggested that this may no longer be as big a problem and the majority of survey respondents were satisfied that their waiting times were acceptable. This may have resulted from changes to the organisation of call flows and in particular the introduction of 'virtuality', which means that calls are held in a national queue and allocated to the first available officer on a national basis, rather than being directed to a local or regional Contact Centre. This is a much more efficient means of allocating demand to supply. Staff respondents in the qualitative fieldwork corroborated these findings, suggesting that the introduction of virtuality had for the most part resolved issues related to long and unacceptable waiting times:

'Not so much now...we're a virtual...Contact Centre, but before we used to have a lot of people [saying] I've been sat on this phone for forty minutes. But, since we've gone virtual...I don't think I've had any...they might have said oh, I've been waiting in a queue for five minutes but not...the time that they used to have to wait.'

(Contact Centre, Customer Service Agent)

7.2.2 Calling from different places

It is possible to contact Jobcentre Plus from a number of different types of telephone and there is reason to suspect that this may impact on satisfaction with the service received in different ways. Customers can call from landlines, which are free where the landline is provided by BT, but not necessarily when it is from another landline service provider or from a mobile telephone. Customers are also able to call from a free phone in a Jobcentre Plus office. In the past 'warm phones' in Jobcentre Plus offices could be used for this purpose but, as a result of concerns over queues and a lack of privacy, Jobcentre offices are now expected to provide an additional 'designated phone' for use in making new claims calls which should be in a more private area. Both Jobcentre and Contact Centre staff are expected to encourage customers not to use a warm phone to make the new claim call but to use this 'designated' telephone with greater privacy instead.

Respondents were asked a number of questions about the charging arrangements; whether staff thought that customers understood these and the extent to which charges affected customer behaviour. Specific questions were also asked about customers calling from mobile phones as this has been another area where the new claims service has been criticised. The assumption is often made that many customers, especially young people, do not have access to a domestic landline and are forced to contact the organisation on 'Pay as You Go' mobile phones, which are expensive at a time when they are facing financial hardship.²

Responses were mixed in relation to the extent to which customers understand the call charging arrangements and whether this makes a difference to their behaviour. Some respondents suggested that customers do understand the charging arrangements while others suggested that they did not.

This is despite the automated message at the outset of a new claim call which makes the following announcement:

'...please be aware that if you are calling from a mobile or a non-BT landline you will be charged at the rate set by your service provider...'

(Call to new claims number 14 November 2008)

² Contact Centre Directorate are currently running a pilot looking at identifying and offering call-backs to customers contacting Jobcentre Plus via mobile phones.

There was also evidence to suggest that not all Jobcentre Plus staff fully understand the nature of the call charges. Some respondents simply answered questions about charging arrangements that there was no problem because it is a 'freephone' number without noting the specific limitations of this:

'The charging arrangements? It's a free phone number isn't it, so they all know.'

(Jobcentre, Financial Assessor)

Some staff in Contact Centres were concerned that this view was widely prevalent among Jobcentre staff who refer customers to the new claim number:

'Because they're just, a lot of the time the Jobcentres will tell them to go home and phone but not everybody has a land line...because you do get a lot of people coming on "Oh the Jobcentre told me to phone you". But I don't think it's actually explained to them. I think the Jobcentre maybe just think "that's an 0800 number".'

(Contact Centre, Customer Service Agent)

On the other hand, some staff in Jobcentres clearly actively discourage customers from using a mobile by explaining call charges. In some Jobcentres customers are provided with leaflets explaining different contact numbers and the various charges that apply to them.

On getting through to a Customer Service Agent, a caller on a mobile telephone is able to request that the Customer Service Agent call them back and staff are told that they are obliged to do so. However, agents are not encouraged to offer this unprompted. The research investigated the extent to which this balance is maintained by agents. Again, findings were mixed with a small number of Customer Service Agents suggesting that they offered unprompted 'call backs' while the majority suggested that they did not do this. However, some staff are clearly more willing to call customers back than others who encourage the customer to find an alternative means of calling before agreeing to make a call back:

'They are explained the call charge er, they are not offered a call back but they are explained the call charge and they are advised that do you know if you phone us on a landline or a warm phone it doesn't cost you? And it is amazing the number of people that say "Aye I know that but just carry on".'

(Contact Centre, Manager)

What was noticeable is that charges for calling from non-BT landlines were hardly discussed by respondents at all, with one implication being that this aspect is less well understood in the organisation than the issue regarding charging for mobile calls.

Staff in Jobcentres were asked specifically about the availability of 'designated phones'. Responses suggest that designated phones are widely available in local

offices, but they also suggested that it may also be the case that many offices discourage their use or let customers use warm phones instead. In addition, the research did involve Jobcentre offices where no designated telephone was available.

Another related issue revolved around the use of public telephones other than Jobcentre phones. Contact Centre staff are encouraged to assess the quality of calls from customers on a public telephone (e.g. phone box) with regard to line quality and privacy on an individual basis. However, in some cases staff in offices clearly do suggest to customers that they should use a public telephone, especially if they only have access to a mobile phone, and in the first instance:

'...if it's a vulnerable customer who doesn't have a telephone at home, doesn't have a mobile then we do tell them, we can book them in to have, have a phone, um, used. But if they do have a mobile then we tell them that they can use a phone box, give them the mobile number for the new claim and they will call them back on their mobile. We tend to tell them to find a phone box close to home...if they can make the call and then they could be home by the time they get a call back.'

(Jobcentre, Customer Service Manager)

While it is difficult to judge how widespread these experiences might be, it is easy to see how they may compromise customer satisfaction with customers *de facto* having to call from an unsuitable location.

7.2.3 Agents' handling of the call

In addition to interviews with Contact Centre Customer Service Agents the research involved structured observations of new claim calls. In general, these suggested that agents are highly competent at conducting what is a very complex and demanding interview, using considerable interpersonal skills as well as requiring rapid use of different computer screens and management of detailed information flows. Records from the structured observations were remarkably consistent between different researchers, Contact Centres and agents, suggesting that the findings are reasonably accurate. However, two important caveats are worth noting. The total number of observations was small (less than 20) and it was not possible for the research team to ensure randomness in the selection of agents to observe, though several were observed in each Contact Centre. This may mean that generally, more competent and experienced agents were selected for observation either as a result of some conscious bias on the part of managers or more likely as the product simply of the increased willingness of such staff to volunteer. As such, while the findings reported in the following section were consistent in relation to the evidence collected, they may represent the upper levels of competence among agents.

Agents were generally very confident in their conduct of the interview. They appeared to be comfortable with the process and with communicating with the

customer. They generally began the interview by explaining how long the interview might take and were patient and sensitive throughout. This is important as the interviews can be lengthy and involve detailed questioning with some questions being very similar to one another and others enquiring into detailed personal and health-related issues.

Agents tend to be very familiar with the mandatory script that they read from. Agents are frequently able to anticipate the next screen and recall the text before shifts from one screen to another are complete. While recall tended to be accurate, there are times when agents paraphrase or summarise script language for brevity, clarity or simple speed (see below, Section 7.2.6). Agents are frequently required to reinterpret the language in the script or to explain the meaning of some questions, in 'plain English'. At one level this is trivial. However, some interviews require many such phrases to be repeated and sometimes several times. This can slow calls down and leads to a potential tension between the tight scripting of the interviews on the one hand and the requirement for agents to be able to make sense of this for customers on the other. While this clearly may lead to the potential for misinterpreted questions, all of the interviews that we observed involved very clear and accurate reinterpretations of the formal script.

Agents also appeared to be competent and experienced at advising customers how they may find particular pieces of information, where this was not readily available. For instance, there were examples where agents were able to suggest that employee roll numbers might be on their P45. There were also examples of agents offering valuable practical advice to customers, some of which extended well beyond the remit of the new claim call. For instance, on being told by a customer that they had an overdraft at the bank, one agent suggested that they may be better off financially if they opened a Post Office account and had any benefit payments paid into that, as they would then have full choice about when and to what extent they made payments against the overdraft.

By and large the agents were able to answer any questions that customers had, where these related to process and information requirements. However, many customer questions related to eligibility and these were obviously difficult for agents to answer, and in the main they responded by saying '*you may be eligible for...*'.

Agents were extremely competent in the use of the various computer systems, including the main Customer Management System (CMS) into which the claim details are entered and the various supporting systems that they use to find postcodes, benefit history and National Insurance numbers, addresses for local Post Offices, Jobcentres and for booking interviews in Jobcentres. They were also competent at switching to additional computer screens to find documents and web-based information in support of the interview, for instance to explain the meaning of particular questions, where this was required. Switching between screens and systems was extremely rapid and often done using a combination of mouse and keyboard shortcuts. In addition, and at the same time, agents are

required to refer to printed 'desk aids' to ask additional questions or to check on unfamiliar aspects of the process, recent revisions to it or to find additional information. Finally, agents also use notepads to note information given in one part of the call which may need to be re-entered at a later point in the call, to avoid asking customers to repeat themselves.

7.2.4 Customer responses during the call

The structured observations assessed calls in relation to any problems that customers appeared to experience as a result of the call and tried to identify the types of questions that customers find difficult to either understand or answer.

The vast majority of calls did not result in any observable problems for customers. However, in one or two cases it was clear that the new claim call had caused minor difficulties for customers. These were caused by the sensitivity and personal nature of some of the questions asked, particularly in relation to health and the causes of the customer's inability to work.

The questions that customers found difficult to understand particularly related to the formality of the language in the script. There were also other areas where customers did not fully understand the meaning or significance of the questions asked. For instance, some customers do not understand the significance of questions related to having medical treatment planned in the next 12 weeks. The question is aimed at ascertaining customers' availability for work and refers to major programmes of treatment which may prevent them from being available for work and suggest that they are eligible for Incapacity Benefit (IB) rather than Jobseeker's Allowance (JSA). However, some Customer Service Agents suspected that customers occasionally answered this question inaccurately, referring to ad-hoc or insubstantial appointments which would not affect their availability for work.

Other areas where minor difficulties emerged, related to customers' ability to recall or provide detailed information. For instance, some customers could not recall details about the end of employment, details of previous claims, training and education undertaken, mortgage information (e.g. reference numbers, etc), bank account details and details of Child Tax Credit claims.

Agents themselves noted a number of additional areas where problems occasionally emerge. These include sections on partners' details, where one partner may not know the precise details for the other. Other areas where problems emerge correlate with those identified in the structured observations, around health and family details (e.g. a question related to whether even relatively young daughters are pregnant), and the final text which agents have to read out and states that the customer will be contacted at some point to undergo a Work Focused Interview (WFI)³. This last piece of mandatory text sometimes elicits a negative reaction from customers where they have spent the previous part of the interview explaining

³ This is deferred for eight weeks for IB claims.

why they can't work, especially when this is for health-related reasons. Agents were also concerned that the length of the call sometimes causes problems for customers, though few respondents couched this in terms of tiredness, stress or anxiety and talked instead of frustration.

7.2.5 The script

In the main, agents suggested that they stick to the script. However, this is not always the case and some agents suggest that they take a variable approach, with a more stringent approach taken at some points in the call than in others:

'Well you have got your mandatory things that you have to say legally but the rest of the call can be a, depending on the customer, can be just a conversation, you can have a laugh, you can swap it around a little bit.'

(Contact Centre, Customer Service Agent)

Agents complained about a number of areas of the script, particularly highlighting the formality of the language used. There are also a number of places in the script where similar questions are asked and agents suggested that this sometimes means that customers become annoyed. One such example which frequently required reinterpretation was a question asking if the customer *'has a right of abode in the United Kingdom?'*, which agents frequently have to reinterpret to something like: *'do you have the legal right to live in the UK?'*. Other examples of phrases that customers found difficult to understand included *'industrial action'* and *'vocational training'*.

An important issue with the script relates to the way in which the process at the end of the call is explained. A relatively large minority of the customer survey respondents reported that at some point in the process of claiming they are given incorrect or contradictory information and this was highest for those on IB Credits or Income Support (IS) on the grounds of incapacity. The survey results suggested that this incorrect information often revolved around benefit eligibility. The research explored whether agents, therefore, explain clearly that they cannot guarantee eligibility at the end of the new claim. While most suggested that they stuck closely to the mandatory text on this issue, others suspected that at times the need for speed in the call may mean that this message is rushed and not clearly explained. This may not be helped by the data gathering process which involves taking the customer's bank account details which may imply eligibility for a particular benefit, even where agents stick closely to the script.

'...As soon as you take those bank details and they think that they are going to get some money....but they are not. There is no guarantee. It is a possible eligibility which then goes on to the BDC to decide if they are entitled to or not...I think it would if people were allowed to explain it in more depth at the end but I have heard on many occasion that people tend to drop that word "possibility".... Just say "right you are entitled to..." No, they are not entitled to nothing at this stage...I have heard it happen. But then they will say "well why do you want to take our bank details?".'

(Contact Centre, Customer Service Agent)

The challenge of completing a very complex interview within relatively tight timescales imposed by benchmark measures is among several reasons why agents occasionally abbreviate the formal script. These also include the sensitivity and awkwardness of some of the questions and a desire to take control of the work process and avoid the dissatisfaction that may result from the routinised and controlled nature of the job, and to enhance the quality of social communication with the customer:

'The script is too long...If you was to read the script. I mean, I tend to pick out the key words and I put it in my own words because if you were to read the script the customer would fall asleep by the time you had got to the end of it. It's so long it is parrot fashion. You are like a robot you know...You can...some people can come across like a robot if you were to stick word by word to that script.'

(Contact Centre, Customer Service Agent)

As a result of these pressures, some agents occasionally deviate from the script by shortening and summarising questions, 'skipping' questions or assume answers to some questions based on the answers to others, rather than giving customers a full opportunity to answer. There does exist, however, a framework, which in conjunction with call recording, monitors adherence to the script.

In other cases, the length and complexity of the script, combined with the time pressures faced by agents, may mean that customers feel as though they have been rather hurried through the process. Following on from this, while the new claims process in its entirety allows scope (in WFIs) for a more detailed consideration of barriers to work and individual problems, it may be that some customers are less satisfied than they might otherwise be because they would appreciate this sort of opportunity in the new claim call itself.

7.2.6 Multiple calls

The research explored the reasons why some customers still do not have their new claim call completed in a single call. In the past new claim calls were frequently broken to allow a check with the Child Support Agency about whether they needed to be involved in the claim. However, this is no longer the case. The main reason offered by agents and Contact Centre Managers for new claims calls being broken into more than one call related to workforce management and shift patterns. Where a call is clearly not going to be completed before the end of an agent's shift or before a scheduled break, they are required to end the call and arrange a call back with the customer. This causes frustration among some agents who see this as poor quality customer service, especially since 'ring backs' often go into the national virtual system and may not be allocated to the same Contact Centre, still less to the same agent.

'...that creates a big headache because, I think that if I was a customer... and I had phoned in and you had taken some of the information and you said to me "I'm going to arrange a call back for you now tomorrow", I would be a bit miffed really...I am prepared to stay and finish the call off but because, there isn't the flexibility...that is a big issue...they book a call back, so that creates a headache for the customer because they have got to get their call completed the next day. It creates a headache for us because... [we] have 270 call backs to allocate the next morning before ten o'clock and also there is no continuity. So it really does test your knowledge... It tests your knowledge and your understanding of [the computer systems] and how they actually link together and what works. And you are coming into it blind...if we were more relaxed with it and we were prepared to say to our agents "there is benefit in you finishing that call before you go home if you are prepared to do it", then I think that should be encouraged...'

(Contact Centre, Customer Service Agent)

Moreover, it was suggested that multi-call new claims interviews may occasionally be the product of staff breaking calls to reduce their average call time (see Section 8.4). Respondents also suggested that new claim calls might be broken as a result of customer wishes, for instance where customers are not able to speak for the time necessary to complete the call, where they need to search for more information and this will take longer than a few minutes, or where the customer is not able to sustain a conversation for the required time on health grounds.

7.2.7 Technology

Agents suggested that for the most part, the telephony equipment that they use works well. However, two issues did emerge in relation to sound quality and the way in which agents are alerted to an incoming call. In relation to the first, agents suggested that sound quality can occasionally hinder accurate recording of information, where it can sometimes be difficult to distinguish between letter sounds, especially where different regional accents are involved.

In addition, agents are notified that a new call is beginning not by the traditional phone ring but by a single 'bleep' on their headset. Calls connect automatically, so as soon as the bleep is heard the customer is connected. This means that it is possible for agents to be connected to a customer without having heard the alert and connection.

A bigger issue for agents than the telephony system are the various computer systems that they need to use. At the outset it is important to note that most agents were clear that there have been big improvements in the stability of the main computer system used for recording customer details; the CMS. While some noted that there are occasional problems, they suggested that they rarely experienced system shut downs in the ways that they recalled in the relatively recent past. However, agents are still required to use multiple systems simultaneously. For example, they have the CMS system, a 'window' for checking National Insurance numbers and benefit history, another 'window' for checking Post Office locations,

a fourth window for checking Jobcentre locations and booking interviews, a fifth window with explanations of formal phrases in the script, and some agents also have another window providing information on the Standard Operating Model (SOM) or email. In addition, agents need to keep a separate window open for logging calls and actions as part of the performance monitoring approach. This means that they constantly have to shift between various screens to access information and transfer information between systems, which is demanding for both operator and for the machine, and adds to the complexity of the call and the competence needed to undertake the job.

7.3 Summary and conclusions

This section has explored dynamics behind customers' experiences of the new claims call. In the main, the survey suggested that customers were very satisfied with the new claims call and how it was handled by Customer Service Agents. The different routes into the new claim call were discussed with agents and they suggested that they sometimes have difficulties with customers who have been given the wrong advice about how to make a new claim by an external organisation or where customers feel dissatisfied by attempts in Jobcentres to swiftly refer customers who visit the office in person without an appointment to the telephone claim service.

There was some evidence of potential problems in making the new claim call from local offices where customers are sometimes referred to public telephones, against accepted practice. While the vast majority of respondents suggested that designated phones are available in local offices, the research did involve offices where this was not the case and customers were asked to use 'warm phones' in the office, again against accepted practice. One final area where problems were evident related to staff awareness of the full details of call charges. While new claims calls are free from a BT landline, some staff assumed that calls were free regardless of where they are made from. Others, especially in Jobcentres, who are aware of call charges suggested that they dissuaded customers from calling on a mobile phone because of the charges applied and that they informed customers about how to get a Customer Service Agent to call them back. Customer Service Agents suggested that they were willing to call customers back but that they did not voluntarily offer this.

Observed calls suggested that Customer Service Agents were highly skilled and competent at undertaking calls, working with the script and computer systems. In places, agents and customers find the formality of the script difficult to work with and agents have to frequently reinterpret the meaning of questions for customers and may, at times, abbreviate sections or miss questions due to time pressures. While agents have to work with multiple computer systems at once they appeared able to do this and reported generally good reliability and performance from these computer systems.

8 Management, staffing and organisation

8.1 Introduction and rationale

The change in methodology imposed by not being able to base the fieldwork meant that the research needed to take a different approach to investigating explanations for customer experiences as revealed by the First Contact Customer Survey (Nunn *et al.*, 2008). As such the research considered the process issues which might underpin these customer experiences. In this regard issues of management, staffing and organisation were relevant to the investigation (see Section 2.1).

8.2 Organisation of staff

Contact Centres tend to be organised as large teams of Customer Service Agents supervised by relatively few managers. Customer Service Agents handle new claims calls and occasionally other types of call also, such as Crisis Fund claims or other queries. Workload allocation is centralised in a 'virtual' and national system which sets staffing requirements in all Contact Centres (including down to detail such as establishing break and lunch-time schedules for individual members of staff) and allocates calls to the first available officer.

In Jobcentres, claimants of Jobseeker's Allowance (JSA) and Income Support (IS) are booked in for an appointment with a Financial Assessor who will print and check their statement (a completed form with all the information collected in the new claim call entered into it). This check is for accuracy and to include any additional missing information that the customer wasn't able to provide during the new claim call. They may also verify documents such as pay slips during this discussion. Immediately following this customers meet a Personal Adviser for a Work Focused Interview (WFI). Incapacity Benefit (IB) claimants receive their statement in the post for them to check and then return. They also have a WFI meeting but this is deferred for a period of time, acknowledging the fact that they are ill at the time of making the claim.

In Benefit Delivery Centres (BDCs), processors are organised in separate teams according to benefit type. At the time of the research, BDCs had three separate teams of processors for JSA, IB and IS. In addition to this, BDCs have recently established dedicated telephony teams to handle customer queries for each of these benefit types. The expectation is that telephony staff will be able to locate a claim in the computer system and provide customers with basic information about its status and what needs to be done to progress the claim, such as the provision of more information by the customer. If they cannot deal with the query in a relatively short period of time they are expected to pass this on to the relevant benefit processor. In addition to these staff groups, BDCs also contain accuracy checkers and Decision Makers who work with more complex claims where decisions on eligibility or levels of payment are not straightforward.

8.3 Recruitment and retention in Contact Centres and BDCs

Both managers and staff were asked about recruitment and retention issues in both BDCs and Contact Centres, though these issues tended to be given a bigger emphasis in manager interviews.

Managers in Contact Centres gave a mixed picture of recruitment and retention issues. In one Contact Centre the manager suggested that local labour market conditions meant that the job was highly valued and staff often notify friends and family of vacancies, as and when they arise, suggesting that any retention problems that they had were generally related to the mature internal labour market within Jobcentre Plus. However, in two other Contact Centres managers identified varying degrees of difficulty with recruitment and retention. This was thought to result from a generally tight labour market, competition from other employers, and the particular skills mix required for the job. Several respondents also suggested that a new national recruitment process had caused short-term problems (such as rigidity) but that they recognised that over time this may mean that a more rigorous and systematic process is followed. In particular, one respondent highlighted that the adoption of task-specific testing (in the form of 'talk and type' tests) was more suited to the demands of the job than the basic skills testing (literacy and numeracy) which had previously formed part of the recruitment process.

Several staff respondents suggested that retention was a problem. Managers tended to be more sanguine about reporting steady turnover, which caused difficulties in the context of recruitment problems, but did not think this abnormal for a Contact Centre environment. Indeed, the suggestion was made that Jobcentre Plus may do slightly better than other Contact Centres in terms of retaining staff:

'It fluctuates enormously but there is a steady turnover. There is a theory that [a] Contact Centre can't expect to keep staff more than about 18 months. I would say on average we would keep them a little longer than that...But not a lot longer.'

(Contact Centre Operations Manager)

The apparent difference between staff and management on this issue may be more pronounced among particular groups of staff. Contact Centre staff tend to belong to one of three groups: The first have an employment history with Jobcentre Plus or one of its predecessor organisations, and therefore may make comparisons in relation to retention with regard to their previous experience of performing other roles in the organisation. The second group are new starters to the organisation without any previous experience of Jobcentre Plus or telephony work. The third group have a background in the Contact Centre industry but not necessarily any previous experience of working for Jobcentre Plus. These latter two groups tended to respond similarly to managers that retention was either average or better than average for the nature of the work, whereas the former group tended to be worried that turnover was more pronounced.

Despite their differing conclusions in relation to the levels of staff turnover, both managers and staff were relatively consistent in identifying what the causes of turnover are. Both identified this as a result of the pressurised nature of frontline service delivery work, involving contact with vulnerable customer groups and working in a highly managerial environment where standardisation and performance are tightly monitored and controlled. This was generally juxtaposed with the availability of similar jobs in some of the local labour markets:

'They're under a lot of pressure, they're on the phones, they're talking to customers all the time, they also get a bit bored. At the moment we are only doing first contact calls so they haven't got any variety with what they're getting. When the Employment and Support Allowance comes in October, they will get even less variety because the customers who are sick won't be coming through to us as calls...so it will mainly be unemployed people and they get a bit bored of it to be quite honest...Our staff are very prone to looking for jobs with the local authority because we have sort of semi-trained them...They know a bit about benefits and they move smoothly into jobs on Housing Benefit teams for different councils around here...who also pay slightly more.'

(Contact Centre Operations Manager)

In addition, some managers noted that there is a strong and mature internal labour market in Jobcentre Plus and the Department for Work and Pensions (DWP) more widely, creating significant levels of job mobility between different parts of the organisation. Here they compared the availability of progression opportunities in Jobcentre Plus more widely with a relative lack of such opportunities in Contact Centres alone. Several managers also reported that they faced difficulties in relation to sickness management, particularly in relation to stress and mental health and that this was often an additional complication in recruitment exercises.

Managers and staff in BDCs were less forthcoming on issues of recruitment and retention, though again, one of the challenges identified was maintaining a skilled and experienced staff in the face of movements within the internal labour market.

8.4 Staff induction and training

Staff and managers were asked to comment on the training and development available and its relevance to the types of tasks undertaken by staff, particularly in the Contact Centres and BDCs. This line of questioning covered both induction and ongoing training and development.

In relation to induction, comments suggested that the system had been changed several times, and that there was widespread dissatisfaction with the emphasis that had been placed at one stage on self-directed e-learning.

In general, while staff suggested that they understood the need to be familiarised with the organisational structures and systems of the organisation (including, for instance, equality and diversity policies), some felt that this was over-emphasised in the induction system overall. Indeed, several respondents suggested that the emphasis on classroom-based induction was prioritised at the expense of practical 'learning by doing', although those who did get a two-week experience of coaching and buddying while gradually taking responsibility for undertaking live new claims calls welcomed this. Compared to both e-learning and classroom-based learning, most respondents who offered a comment, suggested that they welcomed more practice-based learning by doing:

'I thought the training was good. [but]...I did think we didn't get enough training on the actual job we did; we got a lot of training on...obviously policies and procedures, which are important, and diversity and things like that, but on...actually using the system...I don't think we got enough training on that... And, telephone working, if you've never worked in this sort of environment, to come out and do it, I mean, I found it very daunting, and I just found that...there wasn't enough training on...the software that we use, CMS and the LMS and things like that...when I started you came out of training and then you had, you were sat with a buddy...And you sort of saw them working the system...and then when you went on to the phones somebody came to sit with you and watched your first couple of calls...I mean I was fortunate when I did my training that I came out to a team that were the most experienced on the floor, so I [was] quite fortunate that I had, you know, 14 other people round me who knew...and...were very good, and I think that helped me a lot.'

(Contact Centre Customer Service Agent)

When asked about the availability of more ongoing training and development, respondents in Contact Centres suggested that there is a difference between ongoing training to update staff on changes to systems and processes, and more individualised personal development opportunities. Managers tended to be positive about the opportunities available in both regards. Staff were consistent in suggesting that training and updating on systems and organisational processes was routinely provided but were more mixed on the availability and accessibility of progression and development-based opportunities, suggesting that these were sometimes poorly advertised or oversubscribed. In some cases managers also

concurred that development opportunities were often limited because of business demands:

'Not at the moment because we have arranged training and then we have had to pull it, em, you know because of business needs so at the moment that is a bit of a grey area.'

(Contact Centre Operations Manager)

Staff and managers in BDCs also commented about training and development opportunities. A universal concern among those with a view on training and development echoed that among Contact Centre respondents regarding the quality and effectiveness of e-learning provision. Again, like in Contact Centres, this concern seemed to be shared by both managers and staff and suggested that learning by doing, facilitated by support, mentoring and coaching was highly valued.

In addition to the mode of delivery, another concern related to the focus of training materials. For instance, some staff suggested that these may be overly focused on 'straightforward' or unproblematic claims rather than those involving more complex elements, thereby not preparing trainees for 'real world' claims. Again, the role of mentoring, support and learning by doing was seen to be important in preparing new staff to be able to deal with these more complex claims:

'Training as to process a claim that hasn't got any problems with it, you know, a claim from somebody where they have done very little in the past like never claimed, all the information is there and accurate and nobody has made any mistakes at any point up to it landing on your desk. That's great but what about the rest, the 99.9 per cent of other claims we get.'

(Benefit Delivery Centre, JSA Processor)

A final issue related to the training of Team Leaders. One respondent suggested that Team Leaders require technical knowledge of the requirements of the roles that they are supervising, rather than just being seen as general managers, requiring leadership and managerial skills. This respondent was concerned that reorganisations and staffing changes sometimes meant that Team Leaders lacked a technical background in the area that they manage and that this needs to be addressed through training and development.

8.5 Performance management

8.5.1 Impact of performance management on the overall new claims process

The overall new claim process is regulated via several different performance benchmark indicators and more formal targets governing maximum claim processing times from first contact, through first WFI to benefit processing and decision making. The difference between benchmarks and targets is important but

not always widely understood. Benchmarks are often individualised expectations of performance but carry no automatic sanction for under-achievement. In this context, targets are formal obligations that the organisation as a whole is required to meet. While different staff in the new claims process are expected to meet a range of different benchmarks, the main target relating to the overall new claim process is Average Actual Clearance Time (AACT). This target is differentiated for the different benefit groups. The target average clearance time for Incapacity Benefits is 15 days, for Income Support it is ten days and for Jobseeker's Allowance it is 11.5 days. Jobcentre Plus performance figures suggest that achieved AACT between for the year up to September 2008 is well within this target range at 11.6 days for Incapacity Benefit, 10.0 days for Jobseeker's Allowance and 8.2 days for Income Support (Jobcentre Plus Monthly Performance Data⁴). In all cases this is a major improvement on processing times for previous years. The expression of the target as an average time should help to mitigate against some claims being ignored once they have gone over the AACT expectation, as every additional day increases the overall average clearance time, thereby impacting negatively on performance.

In theory the AACT target applies to all staff contributing to the new claim process. However, as is often the case where performance measures are applied to an overall process where different individuals or parts of the organisation take responsibility for various stages in the process, the target is most obviously a concern for those at the end of the process. As such AACT was more clearly of primary concern for benefit processing staff and BDCs as a whole. However, it was also notable that frontline staff do not always distinguish between the different managerial status given to targets and benchmarks and respond to both as if they carried equal weight. In some cases, where benchmarks are of more direct relevance to their own role, frontline staff pay more attention to these than they do more formal and generalised organisational targets. Indeed benchmarks are often used for this very purpose; to interpret overall shared targets in such a way as individual staff can see their own personal contribution.

One such benchmark applies in Contact Centres where Customer Service Agents are required to undertake new claims calls within a specified benchmark average time. In Jobcentres, new claimants are to be provided with a first WFI and Financial Adviser interview within three days of the customer making first contact and completing the new claim call. They are also encouraged to 'push' the new claim through to the BDC on the same day that they see the customer. In BDCs, however, as a product of being at the end of the process, staff are encouraged to focus on the average processing time for each of the three benefits and therefore, to have regard to the date of first contact on each individual claim.

⁴ See http://www.jobcentreplus.gov.uk/JCP/Aboutus/Jobcentreplusperformance/2008_-_9_Targets/Dev_015948.xml.html.

While the design of these overall and subsidiary performance management regimes is clearly intended to be mutually supportive, there is scope to suggest that there are in fact tensions in the overall framework. This is also borne out by evidence from respondents. So, the average benchmark time for new claim calls may occasionally lead Customer Service Agents to skip questions or parts of the mandatory text, or to record a customer's first answer even if it does not appear to be accurate. This is evidenced in Section 7.2.5 and may have the impact that problems are passed from one part of the process to another.

In addition, perverse behaviour driven by performance management benchmarks may also be part of the explanation for the small, but significant, proportion of customers who reported having multiple telephone calls to complete the new claim data gathering process:

Interviewer: *'So you're saying that you, you're not really taking a lot of advantage of this mini break system because of the time pressures on the call?'*

Respondent: *'Yeah. I don't know what the percentage of people actually [who] use them is...I do it personally because it gets my call times down, because if I can end that, that's the end of the inbound call...and then I can take my time more booking them an appointment and doing a job search and everything like that, whereas if, it's still on the inbound call it's the clock's [ticking].'*

(Contact Centre, Customer Service Agent)

In Jobcentres, this may lead to difficulties in completing or correcting the customer statement. The emphasis on sending the claim through to the BDC on the same day, may mean that instead of asking customers to return to the Jobcentre with missing information (perhaps on the next day) the claim is sent to the BDC in any case.

In BDCs, incomplete claims or claims lacking verifying evidence may simply be stalled pending receipt of this information. In particular, because of the pressure on BDCs to maintain processing times, they do not routinely chase claims that lack supporting information, meaning that customers need to chase the progress of their own claim to identify such problems.

In addition, there is some evidence from interviews with staff in BDCs that attempts to meet the AACT target may lead, at times, to the 'creaming' and 'parking' of new claims. Claims that are simple to process or can be processed within the target period may occasionally be prioritised over those that are more complex or are already delayed in the first phases of the process to such an extent that it would be difficult or impossible to meet the target in any event.

'You can go into a tracker and ask for missed target claims and so...for example, last month towards the end of the month there was 90 missed target claims which is just not acceptable. Right, but if you analysed them you were just...you would have actually seen that, you know, we only maybe received them three, four...two or three days ago, previous. Not all of them, some of them were...had missed their target but, you know, if you'd seen the length of time we had it wasn't 11.5 days. We had much less than that to actually get them done and they're already missed target. I mean the AAs brought me up, um, claims just last Friday. Eight claims because it was towards the end of the month and they'd just come in that day but they'd seen that they were already a week over their target date before we've got them...and I said "well they can't go through them now because it reflects on our stats".'

(Benefit Delivery Centre, Benefit Processing Team Leader)

This same process of prioritisation may also be applied, at times, to claims that become delayed through no fault of the customer. For instance, at times of high workload it may not be possible for Contact Centre staff to book interviews at the Jobcentre within a three-day period, as is normally expected. In these instances, abnormal delays may accrue at the outset, leading to claims being de-prioritised as suggested above:

'The Jobcentres do usually aim to see the customer for their first Work Focused Interview three days after the day they make contact with the Contact Centre. But because of the sheer numbers at this moment in time our linked Jobcentres are in excess of that date of claim plus three....yesterday they were booking customers in for appointments for next Tuesday so that's date of claim plus five. Now then, by the time they've had the interview [...] which means our target dates for Jobseeker's Allowance is 11½ days to have it done, received and processed. That's not much time when you've got high volumes of claims to get those claims done and finished.'

(Benefit Delivery Centre, Processing Team Leader)

In sum, the operation of the different performance regimes may occasionally provide an incentive to pass problems on to the next stage in the process rather than tackling them at source. A large part of the cause of these problems may ultimately rest with customers themselves who may not always take full notice of the information being given to them or asked of them, leading to inaccurate provision of information or a failure to provide supporting documents. However, it may be that the performance management framework across the three directorates mitigates against some of these problems being dealt with at an early stage and therefore, may provide part of the explanation for the very small number of customers who report having a very difficult and problematic new claim experience as well as experiencing sometimes lengthy delays in the resolution of their claim. These issues are taken up at greater length in Section 11.2.

8.5.2 Managing performance

Jobcentre Plus is noted for having an organisational and managerial culture which is heavily focused on performance information, especially as measured by targets and benchmarks (e.g. see Johnson and Nunn, 2005; Johnson, Bickerstaffe and Nunn, 2006). Respondents once again confirmed that performance targets are widely seen as very important:

'...things like benchmarks, all that kind of thing, they are...always there in the background and the staff are very, very conscious of that, and it's a big thing and you know in your stats and your Average Actual Clearance Time of course. AACT is the big thing, you know and that is like the total emphasis is...and it's just...11.5 [days] for a JSA claim and my God, you know, if you don't meet your end of year targets or whatever, it's quite target-orientated which means what you're having to do is actually try to control,...your claims and...and the way that in order to make sure...meet your target which means like in the last week of the month...[there is a heavy emphasis on meeting targets]'

(Benefit Delivery Centre, Benefit Processing Team Leader)

Perhaps because of this, staff respondents, particularly in Contact Centres appeared to feel under pressure in meeting their benchmark indicators and in being 'available' to take calls for sufficient time. For these staff, their availability is recorded and measured via a series of 'codes' on their telephony equipment, which staff must use to make themselves unavailable, for instance while completing 'after call' administration (which includes filling in details of the call they just took such as duration of the call), and for when they take 'comfort' or scheduled lunch breaks. These scheduled breaks are also supposed to be consistent with a nationally designed real-time staff/workload allocation system that diverts calls to available agents across the country and determines how many agents should be available at all times, including deciding patterns of these breaks. In addition to this, calls are routinely and universally recorded and these recordings kept for a long period of time, and are sometimes listened to by managers to assess the quality of call handling and to respond to complaints. The overall effect of these different control and monitoring systems appeared to generate feelings of frustration and anxiety among some respondents. In particular, several, though not all, respondents suggested that they felt that the benchmarks for average call length were too demanding and detracted from the customer service aspect of the call.

This is despite managers clearly citing that the benchmark time is an average and that the many shorter calls and queries received by Customer Service Agents mean that their overall average call time is dragged downwards, and that this is reflected in the expectation that an average call time of less than 19 minutes will be kept. The essence of their message was they definitely did not expect the average full new claims call to be completed within that benchmark, though they did think it possible in some straightforward cases. However, managers did indicate that performance data is constantly monitored in a detailed way:

'...we look at call handling times... We look at individual benchmarks rather than the target. And every day we look at the performance for the previous day and we look at the averages for each team... The team leaders will pin it down to... individuals if they think there's a problem... So we're looking, for example, for a 19 minute average for first contact calls. If they do more than that it comes up in red... We're not looking at [numbers of calls answered]... We're looking at average call handling times... But what we are looking at is are they on the phones when they should be, and are they available to take calls... You can't really look at numbers because sometimes they can be on a shift early in the morning and there is no calls coming through. But they should still be available to take the call...'

(Contact Centre Operations Manager)

Managers suggested that a single officer not meeting their benchmark on an infrequent basis would not result in any managerial action. However, for continuing underperformance in any dimension, then swift action would be taken, ranging from support, mentoring and coaching through to formal capability procedures.

Despite this flexibility, there did appear to be some considerable and potentially genuine debate about whether the current benchmark average call time was an appropriate mechanism for managing performance at first contact. Both managers and staff seemed to understand, but not be fully comfortable with, the apparent tension between the average call time measure, including calls that do not constitute a full new claim, and the average full new claim call which often lasts longer than the benchmark level. Whether or not this average benchmark is sufficient, some remedial action around this may be necessary. This may be to either revise the construction of the benchmark or to promote a more in-depth and wider understanding of how precisely the current benchmark is constructed and utilised. A revised benchmark might simply extend the average time expected but apply it only to 'full' new claim calls.

8.6 Relationships between the three directorates

8.6.1 Contact, awareness and culture

Several lines of questioning were pursued with respondents in each of the three directorates to establish general levels of contact between them, levels of awareness of the process in place (and their requirements) outside of their own directorate, and how this affects mutual trust and working relationships.

Levels of contact between the three directorates vary according to levels of seniority and the different directorates. Levels of contact, understanding and relationships are all very good at the very top of the organisation, and formal processes of regular contact and communication are in place at managerial levels. This is also the case at lower managerial levels in relation to BDCs and Jobcentres which retain a direct process-related link, with Jobcentres feeding claims to a particular BDC. This linkage is no longer in place between Contact Centres and specific

Jobcentres/BDCs, as a result of the introduction of 'virtuality'. In the new system, new claim calls are allocated nationally to the first available agent in whichever Contact Centre they are based. For the face-to-face element of the new claim, the customer is then referred to their own most local Jobcentre and later to its associated BDC.

This infrequency in contact between Contact Centres and the other two directorates may be partly the reason for a degree of mistrust among operational staff. Respondents in Contact Centres raised a number of concerns about staff in Jobcentres. For instance, some respondents suggested that as a result of trying to reduce footfall in Jobcentres, Jobcentre staff often do not take enough care to ensure that they refer customers to the right telephone number to deal with their query.

In Jobcentres and BDCs, some respondents were concerned that Contact Centre First Contact Officers (FCOs) were not sufficiently careful to record accurate or complete information or that they give the correct information to customers, for instance in relation to the types of supporting information required. In particular there was concern in BDCs that staff in Contact Centres do not always fully understand the types of information needed for processing and decision making, and that delays and mistakes earlier in the process have a negative impact on BDC performance indicators.

'So, and it is easy because it is just a script they are following and if it is just young kids just in off the street...follow the script and don't care what happens after that. Which is understandable because all they are told to do is follow the script and book an interview for them.'

(Benefit Delivery Centre, Benefits Processor)

Contact and relationships between staff in Jobcentres and BDCs generally appeared to be better than with Contact Centres. Scheduled contact may be largely limited to managers or more senior staff, but face-to-face First Contact Agents and Customer Service Managers in Jobcentres did report reasonably frequent telephone contact with both telephony teams and processors in the BDCs. This results from chasing ad-hoc customer enquiries about the progress of their claim.

Nevertheless, there were also concerns at times from BDC respondents that staff in Jobcentres do not always take sufficient care for instance to check through customer claim statements or to ensure that documents are verified appropriately. To the extent that this lack of trust is widespread, it may have significant resource and customer satisfaction implications. For instance, several respondents suggested that a lack of trust sometimes leads processing staff to request further documentation from customers in order to recheck information that has already been verified by their Jobcentre colleagues.

However, this issue is recognised and in some places there are efforts to go beyond national systems to promote more contact between the three directorates, including Contact Centres and to promote greater awareness. In all the districts visited there was regular and scheduled contact between Jobcentres and BDCs,

and evidence that there were at least occasional efforts to promote contact with Contact Centres too, for instance through staff visits. In one district these efforts were being taken a step further with a nearby Contact Centre included in the schedule of monthly contact and bi-monthly meetings and a project underway to make a short DVD film about the 'customer journey' through all the various stages in the new claims process to familiarise staff in each directorate with the 'end-to-end' process.

An interesting issue here relates to the atomisation of the new claims process and job satisfaction. Though this was not a major focus of the study, it did become clear that some staff feel that a lack of awareness or contact with the full process does occasionally lead them to feel that satisfaction is lacking.

Nationally, there are established 'escalation' procedures for problems in the relationship between the three directorates, such as problems in the handover of information, to be logged, raised and dealt with. While these tended to be well regarded at a management level, they were less well understood among frontline staff who appeared to feel a degree of scepticism about whether the problems that they raise with their managers are routinely dealt with through this process. As such, the evidence appeared to suggest that not all staff feel empowered enough to raise and tackle problems in the process in a systematic way.

8.6.2 Handovers between the directorates

Respondents were also asked about the quality of handovers of claims between the three directorates. Contact Centre respondents were asked to comment on the booking of interviews at Jobcentres. Jobcentre respondents were asked to comment on the quality of information that is handed on from the Contact Centre. BDC respondents were asked to comment on the quality of information 'pushed' from Jobcentres to the BDCs.

For the most part, Contact Centre respondents suggested that booking interviews is unproblematic, though a small number of occasional problems were raised, such as diaries not being left open for booking. In these instances, the problems seemed relatively easy to resolve by a quick telephone call to the Jobcentre. Jobcentre staff did though suggest that problems were more frequent than this in relation to the quality of information in the customer statement.

'...not all the time but we do get a fair measure of situations where information has been gathered either incorrectly or not at all...we are... allocated 15/20 minutes to see a customer. Usually if it is straightforward we can be finished in say five or ten minutes...But it depends really on the state of the statement...I mean sometimes if previous employment has been left out or gathered incorrectly you might have to take out chunks and redo it, so it really depends.'

(Jobcentre, Financial Assessor)

However, Jobcentre respondents did not wholly blame Contact Centre Customer Service Agents for this and tended, instead, to allocate some responsibility to the customer themselves. In addition, some Jobcentre respondents suggested that there may occasionally be problems with the posting of customer statements to IB claimants who are not required to have an immediate appointment at the Jobcentre.

The main concerns for benefit processing staff related to missing information and documentation. Many respondents suggested that it is reasonably common for claims to be missing pieces of information or to be missing supporting evidence or verification of evidence by Jobcentre staff. Where this is the case it can have a very detrimental impact on claim processing time, both for the individual customer and on average in terms of performance against the AACT target. The types of information that are frequently missing were cited as details of self-employment, partners' details and details of atypical jobs. Documentary evidence that is frequently missing includes medical certificates and payslips and details of Statutory Sick Pay (SSP) payments.

The causes for missing information included technical problems such as incomplete computer transfer of data, though several respondents suggested that this was less of a problem than it previously had been, and in some Jobcentres the computer transfer is accompanied by a hard copy statement that is sent to the BDC in the post. Other explanations suggested by BDC respondents included a lack of care and attention from Contact Centre and Jobcentre staff and customer's simply failing to provide the information:

'A lot of claims are held up because that's exactly what we're waiting on is the information and yet if it's told by the Contact Centre and then it's told by the Jobcentre which is our concept of how it's meant to run then how come we're waiting another month before anything comes in. It's an awful long wait so you're saying "are they told".'

(Benefit Delivery Centre, Benefit Processing Team Leader)

Missing information is important because it can lead to claims being significantly delayed. While BDCs will usually write to a customer to inform them that there is information missing associated with their claim, they will not usually 'chase' this information any further, potentially explaining why a small proportion of customers report that their claim took a long time to process.

8.7 Summary and conclusions

There are several important aspects of the organisational structure and its management that may explain some of the findings from customers as reported in the First Contact Customer Survey. The most significant part of this explanation may reside with the breakdown of the process between three physically separate parts of the organisation, with staff in each of these focusing solely on one part of the new claim process. At the most basic level this means that customers have

contact with several different staff, each of whom are expected only to deal with their own part of the process, while customers are clearly interested in the end-to-end process and will, therefore, naturally have queries for staff that lay outside of their own area of competence and responsibility. This opens up the significant possibility for confusion in the messages given to customers (even if the actual information given is consistent) and may account for the significant minority who report being given incorrect or inconsistent information.

The performance management systems in place in each of the directorates are clearly designed to promote throughput from one stage in the process to another, while also driving efficiency in each separate stage. However, there may be tensions in how these performance regimes affect the process overall and there is substantial scope to suggest that they may encourage the passing of problems from one stage in the process to another, in ways that are ultimately detrimental to customer satisfaction. These issues are picked up in the discussion of the research findings in the context of the wider literature on 'lean services' in Section 11.2.

Taken together, the multiple points of customer contact open up potential for customer confusion about the process and its requirements and the operation of the performance management framework may lead to more frequent repeat contacts from the customer than might be the case if the organisational and information processes were simpler and more streamlined. The existence of dedicated telephony teams in the BDCs is concrete and quantifiable evidence of this, as their sole purpose is to handle repeat contact from customers about the status and progress of their claim.

Managers in Contact Centres and BDCs clearly face some challenges in recruitment and retention. However, these did not seem to be atypical of lower level service occupations. What is noteworthy though, is that new claims call handling is a skilled and complex job involving maintaining an often difficult communication process with vulnerable customers while at the same time operating complex and multiple computer systems. This may suggest that handling new claims calls is more complex than other similar Contact Centre work and should not, therefore, be devalued within the organisation as a relatively low level role. There was some evidence, not from managers but from staff in other parts of the organisation, that the complexity and challenges of this role are not always fully appreciated.

9 Impact of changes to the Standard Operating Model

9.1 Summary of survey findings

The First Contact Customer Survey asked those respondents who had claimed previously to compare this with their more recent experience. This comparison revealed that those that appeared to have claimed under previous new claims processes were the most likely to have identified an improvement. This could be divided into those that compared their most recent experience with the previous version of the telephone claim process under the Standard Operating Model (SOM) and those that claimed in a much older process, possibly on a face-to-face basis in a Jobcentre. The previous telephone process was not free to landlines and was split into an inbound and outbound call and customer statements were forwarded to all customers at home, prior to them checking this themselves and either returning it by post or it being taken to the Jobcentre. This comparison suggested that customers who were able to compare, thought that the new claims process was getting progressively better over time. Those who were able to compare between two claims in the most recent variant of the SOM new claim process (single call, free phone number) were most likely to suggest that the experience was similar, indicating consistency in the quality of the current process.

9.2 Standard Operating Model and customer satisfaction

While the relationship between the SOM overall and customer satisfaction was not an explicit focus of the research, some respondents offered comments on this wider relationship. For instance, one respondent suggested that while standardisation is good, it can sometimes mean that individual staff are overly rigid in their approach. Others were more positive about the impact of the SOM,

suggesting that it has streamlined the system and process, leading to more efficient and timely processing:

'Yes, it's obviously going to take time for that to start working very successfully but once it was and it was put in place then it has been beneficial, claims and changes are processed quicker, because you're not actually waiting for a bit of mail, you're getting an email to confirm that piece of mail was received.'

(Benefit Delivery Centre, Manager)

9.3 Impact of changes to the new claims process

Respondents in all three directorates were asked to comment on what they thought the impact of recent changes to the 'first contact' element of the SOM had been, based on their own perspective and feedback from customers. The majority of comments on this suggested that the impact of these changes on customer satisfaction had been positive, particularly in relation to the merging of the inbound and outbound calls in the data gathering part of the process.

A number of comments received on this, especially from respondents in Contact Centres, were telling and reveal the potential for problems that existed in the previous system where there was an inbound and outbound call. For instance, some suggested that the volume of inbound calls (especially before 'virtuality') to a particular Contact Centre sometimes meant that outbound calls were not done on time. Others suggested that even where outbound calls were done on time, some customers did not remember the appointment and therefore missed the call. Customers would frequently suggest that they had not been called back because no message was left (for instance on a mobile phone voicemail) but Customer Service Agents are not allowed to leave a message for security and data protection reasons. In either scenario, the effect was to delay their claim.

'I think it is a lot better because it's obviously people were waiting in for call backs at one point. And we had too many call backs and then they wouldn't be phoned at the time that we said we would phone them so at least this way everything's done there and then and the customer should know what to expect. Obviously they've not always got all the details but if we can take as many details and then direct them as to what other information they need to have.'

(Contact Centre, Customer Service Agent)

One respondent also raised an interesting issue associated with continuity of Customer Service Agent in the new claim call which results from merging the inbound/outbound elements. It was suggested that sometimes in the past, the result of a different agent undertaking the outbound and inbound call was that the information given in the first call would be checked in the second, meaning that the customer had to go over some of the same ground. This occasionally led to frustration on the part of the customer.

However, some respondents also noted that the single call did have unintended negative consequences. For instance, because the whole data gather is done in a single call, this is longer and a small number of respondents worried that this may be challenging for some customers. In addition, respondents suggested that the separation of the inbound and outbound elements of the process allowed customers to prepare and collect information together, leading to a more complete and robust data gathering process.

To the extent that the single call leads to a less detailed and complete capture of information, this may be compounded by more recent changes which involve booking an immediate appointment at a Jobcentre for Jobseeker's Allowance (JSA) and Income Support (IS) claimants. In the past this interview was delayed and their customer statement (populated in the new claim call(s)) was posted to their home address for checking and signing. Now it is forwarded to the Jobcentre for printing when the customer attends for a New Claim Interview with a Financial Assessor and a Work Focused Interview (WFI) with an Adviser. This may mean that missing data is not filled in at this stage either:

'It has...a huge effect on us as the Financial Assessors and yes, it has had a lot of effect on the customers because they come in, with the actual statement, when they used to receive the statements in the post, the first page would give them a rough guidance of what information we would require based on the information given. So if they'd been working they would require them to bring in... Unfortunately with doing away with the call back, [the] customer phones and is obviously asked all this information and doesn't have it to hand, when they used to do the first call, they were told by a person that somebody would call them back within four hours and this is what you are required and that would give the person time to get all that information together and that made the statement that little bit more thorough which meant we didn't have to do any amendments to it. Now we're getting statements with a lot of [information incorrect or missing]...'

(Jobcentre, Financial Assessor)

Others worried that this problem is then further compounded by pressures to push customer new claim information from the Jobcentre to the BDC in the same day and the shortening of the amount of time allowed for Financial Assessors to check new claim forms in Jobcentres:

'What happens now is that the new SOM...it's a cursory glance of the claim... the impact is it's...in my mind it's deteriorated. Customer satisfaction.'

(Benefit Delivery Centre, Benefit Processing Team Leader)

While it was not possible in this research to track the scale of these types of problems, it is possible to see how such issues may be exacerbated, where they exist, by the performance management and standards system used to govern the process as discussed in Section 8.5.1.

Finally, as elsewhere in the new claims process, some respondents suggested that the difficulties associated with introducing and improving a SOM arise from the complexity of benefit eligibility rules:

'...it is getting there slowly. The biggest problem I've always had has been that you're trying to computerise a very complex system...The opportune issue is to simplify the benefit system. Really look at why do we have all these premiums, why do we have all these exceptions...and get out letters left, right and centre...You simplify the benefit system would lend itself to computerisation on every issue. But there's also the benefits for customers as well, I mean the cost that is involved in answering customer's queries. Customers don't know where they are, "why's the guy next door getting £20 a week more than I do".'

(Jobcentre, Customer Service Manager)

9.4 Summary and conclusions

The vast majority of respondents suggested that the overall impact of the introduction of the SOM has been to improve the quality of the customer experience, bringing a welcome degree of standardisation. The research also explored staff views of several improvements to the SOM in relation to new claims that have been introduced over time. The purpose of this was to triangulate evidence with that provided by customers in the First Contact Customer Survey, that the introduction and development of the SOM have improved the customer experience. Generally, staff concurred with the views of customers, particularly in relation to the introduction of the freephone number and the merging of the inbound/outbound phases of the new claim call. However, they also identified a small number of areas where there are potential unintended and negative consequences from these changes. For instance, the merged new claim call and more immediate appointments for supported checking of the new claim information gathered in the call, may in some cases enhance the potential for information to be missing in the data that is transferred to the BDC for processing. On balance, though, staff views tended to support those of customers that the process had been improved considerably.

10 Dealing with customers with additional needs

10.1 Summary of survey findings

The First Contact Customer Survey found that a small minority of customers do not go through the telephone new claim process, including those who start on the telephone and subsequently drop out of that process. While this group were not any less satisfied than other customers, they did report longer waiting times for payment and some differences in the drivers of satisfaction, tending to indicate the friendliness and helpfulness of staff had influenced them more than the speed of payment or eligibility. In the First Contact Customer Survey it was concluded that there may be scope to suggest that increasing the proportion of these customers who go through the normal telephone claim process may increase their satisfaction. This was mainly because of the room for improvement in decision and payment time which proved to be a strong causal dynamic in satisfaction for other customer groups. These issues were explored further in the qualitative follow-up work with staff.

10.2 Follow-up findings

The focus of the qualitative follow-up in this area was the extent to which staff felt they were able to identify additional needs, make adjustments to the standard claim process to meet these and whether there was scope for some of the customers who presently use some form of clerical claim service, often supported by a face-to-face First Contact Officer (FCO), to take up the telephone claim route. This is a topical issue for Jobcentre Plus at the moment because the organisation has instigated a substantial change to its 'front of house' services in Jobcentres via the Accessing Jobcentre Customer Services (AJCS) project. This is a re-emphasis of the objectives of the existing channels strategy and previous 'footfall' projects. It aims to reduce overall demands on front of house staff in Jobcentres, redirecting those who are suited to the telephone contact channel for benefit enquiries (whether for

new claims or progress chasing). By reducing the demands on front of house staff in this way, it is hoped that additional resource will be freed to provide services to those customers who genuinely require face-to-face interaction.

At first contact and then also later in the new claim process, there are a variety of ways in which staff identify customers with additional needs. At the outset, and especially for telephone contact, this tends to focus on 'obvious' needs. These might be relatively easy to identify. For instance, the customer may simply identify their needs, the call may be made by an appointee, friend or other third-party or the customer may have a benefit history which indicates additional needs and is logged on either the Customer Management System (CMS) or Labour Market System (LMS). Clues to additional needs in benefit history may include a history of claiming particular benefits, such as Disability Living Allowance (DLA), reasons for incapacity in claiming Incapacity Benefit (IB) or 'notes' on the system from staff who have dealt with the customer previously. These types of clues are obviously easier to access for staff in Jobcentres or BDCs as they are able to use the information collected at first contact in this regard, while Customer Service Agents in Contact Centres may be the first point of contact for that customer ever. A further way that additional needs are identified is where customers visit a Jobcentre in person and instead of being referred to the telephone route are identified immediately as having additional needs.

However, staff respondents were also pushed to suggest how they might identify customers with less obvious or visible needs, such as customers with learning difficulties or mental health problems. Customer Service Agents suggested that this could be challenging. They suggested that, occasionally, additional needs do become apparent from a customer's answers to questions.

'...because you know one of my agents had something the other day where [the customer] clearly had mental health issues and the answers they were giving to the questions you know where you would never [normally] get a yes to it...and it was obvious just from the questions.'

(Contact Centre Customer Service Agent)

In these instances, several respondents suggested that they first attempt to slow the call down and offer additional explanation of the meaning and significance of questions. If this did not appear to resolve the situation these respondents suggested that they were comfortable in advising the customer of alternative routes for making a claim. However, these same respondents also recognised that they and their colleagues operate under time pressures and that this meant this degree of patience may not always be shown:

'I think it's because I've always dealt with vulnerable groups and I've had adequate training to deal with them and I've dealt with them face-to-face as well...[but] I think there's people that are less patient. I think that's another thing that comes into it. They've got no patience...You do hear people raising their voice you know.'

(Contact Centre, Customer Service Agent)

There are a variety of ways that staff suggested they are able to vary the process to meet additional needs, often recognising that they themselves do not necessarily have the specialist skills required to provide for these. For instance, in Jobcentres, some Customer Service Managers, who deal with 'front of house' contact, suggested that they are able to identify customers with additional needs at the point they enter the Jobcentre and refer them to a face-to-face new claim interview in the Jobcentre.

'...there are three contact agents so if there are any vulnerable customers, not just for people who get released from prison, it is for other customers as well....they get referred obviously. [and] we have got the Floor Managers [Customer Service Managers] when they come in they decide when they're booking them in with their First Contact Officer...It's a booking system. But they can be seen straight away. It depends on their situation, how vulnerable they are.'

(Jobcentre, Disability Employment Adviser)

In Contact Centres, staff suggested that they are able to use a variety of means to support people with additional needs in the new claim system. These included speaking to an appointee, friend or third-party (sometimes merely repeating information already given to the customer). Each Contact Centre has an appointed customer champion who is working with customer representative groups to raise awareness of the issues faced by different customer groups. It also included, depending on the customers' circumstances and wishes, sending out a clerical claim form for a friend or other party to help them to complete or booking an appointment in a Jobcentre for an interview with a face-to-face FCO:

'...you know, you do take a bit more time with them and...if somebody rings up and they have got learning difficulties or they don't understand what we're saying on the phone we can book them a face-to-face interview at the Jobcentre.'

(Contact Centre, Customer Service Agent)

In these discussions with staff it was evident that the approach taken is to meet the additional needs specific to the customer on the one hand and their interaction with the new claim process on the other. Customers with particular health or other needs would not necessarily be provided with additional or alternative services unless their needs were in relation to completing the new claim call. So, in some circumstances additional needs were not health-related at all but in some situations included emotional or circumstantial needs such as people who have recently been bereaved or ex-offenders being released from prison, where there is an expectation in the process that face-to-face provision will be available. Meeting language and communication issues through the provision of interpretation services was also regularly mentioned here.

Generally, the evidence on meeting additional needs was good and suggested a flexible and responsive approach. However, it may be that this represents the most effective set of approaches used, rather than the typical approach. The issue here may not be so much willingness to provide adjustments but identifying needs in the first place. While staff responses in relation to identifying needs were positive and encouraging they were not always totally convincing in relation to their capacity to identify all needs, especially where they are not immediately apparent. Here, it is important that training enables all staff to deal with vulnerable customers, identifying what specific and additional needs customers have. This focus on tailoring provision to meet specific and individual needs is both part of the reform agenda for welfare services and is necessary given that all Jobcentre customers are to some extent or another, by definition, vulnerable.

The research also investigated the scope for increasing the take-up of the telephone claims process by customers currently using alternative approaches. Most staff who were able to comment on this suggested that those customers who currently use an alternative non-telephone claim process need these additional or alternative services and would not benefit from using the telephone service. This counters the conclusion drawn from the First Contact Customer Survey that there is scope to increase take-up of the telephone process with these customers. Most staff respondents who were able to comment on this indicated that this would not be helpful and that those customers who access face-to-face first contact assistance tend to require it. This supports the conclusions of other research which has explicitly explored this issue (Hay and Slater, 2007).

10.3 Summary and conclusions

The qualitative follow-up research with staff helped to understand some of the dynamics identified by the First Contact Customer Survey. For instance, Customer Service Agents suggested that one reason why customers may drop out of the telephone claim service is that customers demonstrate that they have additional needs during the new claim call. In addition, additional needs are identified by staff in Jobcentres and often acted upon by providing additional help or an alternative claim route. The conclusion to be drawn from this research reverses that in the customer survey that there is scope to further expand the take-up of the telephone service among customers currently accessing face-to-face support for their new claim. This is because most staff involved in the process did not think that these customers would benefit from a telephone claim service.

11 Commentary and conclusions

11.1 Summary of main findings

The findings from the qualitative follow-up research help to identify some of the causal dynamics that lay beneath the findings from the qualitative survey of customers. **In relation to overall satisfaction** the findings suggest that most customers receive a good quality and efficient new claims experience and are broadly satisfied with this. They also suggest that overall changes to the new claims process have improved the quality and standardisation of customer experiences. These findings correlate with those from customers as reported in the First Contact Customer Survey report.

In relation to the **most important drivers of satisfaction**, findings from the qualitative work with staff suggested that eligibility, processing and payment times are of primary concern. While much of what determines the speed of processing lies outside staff control (volume of new claims/numbers of staff) the importance of accurate and complete data gathering at first contact was raised time and again, reinforcing the rationale for investigating, even in summary form, the end-to-end new claims process as a whole. While most of these issues lay outside 'first contact' the majority of staff responsible for this, as well as staff in Jobcentres and Benefit Delivery Centres (BDCs), recognised the importance of their role and interaction with customers in driving a positive new claims experience. For instance, staff in all three directorates recognised the importance of dealing fairly and promptly with customers and treating them with respect as individuals, which, again, reinforces the majority of customer responses on these issues.

The research also explored **reasons for the variation in customer satisfaction between different groups of customers**. The findings suggested that there may be considerable cross-over of reasons why **Asian/Asian British customers and customers for whom English is a second language** might be less satisfied than others. These largely centred on the difficulty of communication, especially in

relation to the formality of the language used and the scope for misunderstanding when communicating over the telephone. There may also be additional problems associated with using the available interpretation services that help to deal with these. It is easy to see how even minor misunderstandings could generate confusion, delays and relative dissatisfaction for customers. Some Asian/Asian British customers may also be displeased in the event that they have to take an additional Habitual Residency Test.

Customers claiming Incapacity Benefit (IB) Credits or Income Support (IS) on the grounds of incapacity have clear reasons why they may be less satisfied and this may relate, in part, to eligibility for full IB. However, additional reasons may be associated with ill-health or the more personal nature of health-related questions which apply to these groups, without the 'compensation' of a full IB award. Again, the findings from this research suggest that there is likely to be correlation here with the reasons why people reporting a limiting illness might be less satisfied than other customer groups.

The customer research suggested that **rapid reclaim customers** were no more satisfied than the average despite the expectation that they may be. The First Contact Customer Survey suggested that problems in the previous rapid reclaim process (now corrected) meant that the name 'rapid reclaim' was often misleading in the past. Staff also suggested that incorrect identification of a customer as a rapid reclaim could lead to difficulties in the process, should changes of circumstances be required at a later stage.

The research explored the reasons **why customers indicate that they are frequently given incorrect or contradictory information** in the new claims process. The findings from this research suggest first that this may not always be true. In these cases customers may occasionally simply misunderstand the information being provided which is sometimes detailed and complex. Equally though, the findings from the research suggest that the opportunity for such errors and inconsistencies is opened up by the number of different contacts between Jobcentre Plus and the customer in the process of resolving a new claim. In the simplest of examples there are a minimum of two contacts and in more complex claims, where additional information needs to be provided, the scope for contacts to multiply is significant. These issues are compounded by the atomisation of the process and the temptation for staff in one directorate to provide advice and information related to another directorate and for which they may only be partly qualified and against managerial and process expectations.

The research considered the way in which Customer Service Agents handle **new claim calls** and the way in which customers respond to questions in the mandatory script. Customers are referred into the new claim call through a number of different mechanisms, and agents suggest that they occasionally get feedback from customers that this has been problematic. This relates to referrals from both within and outside Jobcentre Plus.

When asked about mobile callers, all agents were willing to call customers back but none said that they would do so unprompted. Awareness of call charges in Jobcentres was mixed, but many of those who were aware of charges for mobile calls suggested that they encouraged customers either not to call on their mobile or to request a call back. Observations of new claims calls suggested that agents are skilled at handling calls and operating the computer systems, though these are complex tasks and require a high degree of skill and concentration.

The research also explored **management within BDCs and Contact Centres**, including issues of recruitment and retention, performance management and relationships between the three directorates. The findings suggested that the separation of the new claims process between the three directorates and the operation of different performance management regimes in each may encourage the handover of problems rather than tackling these at source. While it is important to bear in mind the fact that the survey suggested that the proportion of customers that have a problematic claim is relatively small, these issues may help to explain why these problems emerge and are not resolved at an early stage.

Most staff who were able to comment on **changes in the Standard Operating Model (SOM)** over the recent past, agreed with customers that these had been successful in improving the customer experience. In particular, staff welcomed the merging of the inbound and outbound call in the first contact process but some were concerned that this introduced negative unintended consequences, with customers unable to source and provide all the information needed.

The research explored **how the new claims service is adapted to meet customers' additional needs**. The research helped to understand some of the issues raised in the First Contact Customer Survey. Importantly, the research suggested that one of the main reasons that customers drop out of the telephone claim process is because they have specific additional needs which mean that they cannot continue with the telephone call and are referred, instead, to a clerical process or to a face-to-face new claim interview in a Jobcentre. The research also suggested that many staff are competent in identifying additional needs and tailoring services to meet these. However, as always, there is scope to do more to ensure that staff are confident and able to identify and meet these needs. The main conclusion to be drawn from the findings in this regard is to reverse the conclusion drawn in the First Contact Customer Survey report that there is scope to further expand take-up of the telephone new claim service. This is because staff working with these customers suggested that they would not cope easily with the new claim telephone call.

11.2 Commentary

11.2.1 Insights from 'lean services'

In recent years, much attention has been paid to the potential benefits that can accrue from the adoption of 'lean services' principles in redesigning customer services businesses. Proponents of lean services (Womack and Jones, 1996; Seddon, 2008)⁵ suggest that lean can make major efficiency and customer service improvements. The basis of lean services is the Toyota Production System (TPS). The TPS was definable in contrast to what is often referred to as the Ford or Taylorist production system. In the Taylorist approach cars were assembled on a moving assembly line, where individual workers had highly specialised and demarcated roles. A major study of the TPS (Womack and Jones, 1990) identified several improvements on the Ford/Taylor model. In the Ford/Taylor model the moving assembly line, sequential tasks and role specialisation meant that errors were not tackled immediately. Where they occurred, individuals had little incentive to identify them and the car moved along the assembly line with further parts added to it on top of those where the error was located. This led to large numbers of vehicles being identified as faulty at the final quality check or after being returned by customers. However, because errors were buried under later assembly, they were expensive and time-consuming to resolve and continued to occur.

By contrast, the TPS contained several important innovations. The managerial hierarchy was relatively flat and individual workers were encouraged to resolve problems at source, even if this meant one relatively junior staff member stopping the whole production line. The emphasis was not simply on correcting that particular error but on adjusting the whole production process so that error did not occur again. Individual workers need to understand how their work relates to that of others in the process to ensure synergy throughout. One of the key issues discussed at length by some lean proponents is the waste generated by servicing customer queries regarding the processing of their claim⁶ rather than focusing on ensuring that these queries do not emerge by designing out problems earlier in the process. Performance targets and benchmarks are not always promoted within the lean approach but where they are used, the key issue is avoiding creating incentives which lead to behaviour in one part of the process that is counter-productive in another.

Some of the innovations in the SOM are clearly designed from a lean perspective, such as telephone data gathering by experienced staff rather than customers and verification of documents by Jobcentre staff rather than collecting batches of documents together for sending to the BDC.

⁵ See also <http://www.leanuk.org/> and <http://www.systemsthinking.co.uk/home.asp>

⁶ See <http://www.systemsthinking.co.uk/9-FrancesDone.asp>

However, it is also possible to argue that as an end-to-end process, there are potential weaknesses associated with the number of handovers involved and the potential for multiplying contacts with the customer. The discussion above also suggests that the performance management and standards regimes in place may encourage fractured processes and the handing over of problems rather than the solving of them at their source. There are provisions for this in the operating procedures that staff work to, but performance benchmarks sometimes work against their use. Keeping in mind that these issues may relate to only a small number of cases, it is possible to see how problems multiply when they do arise.

11.2.2 'Customer satisfaction' in context

This and related research adopts the language of 'customer satisfaction'. However, benefit claimants are not 'customers' in the normal sense of the word and Jobcentre Plus does not exist to satisfy them in the same way that a commercial service provider might. Benefit claimants are vulnerable individuals accessing services at a time of need. This certainly implies an obligation of care which is similar in some ways to the logic of 'customer service' and 'satisfaction', though in many ways exceeds this as it relates to the social rights of individuals and families at these times to expect support from society, through the State. However, in meeting these needs Jobcentre Plus needs to work within, and implement, the legislative framework which establishes these rights and governs welfare provision. This framework is established by our elected representatives and determines what support should be offered to individuals in different and specific circumstances. The 'customer service' role of Jobcentre Plus is heavily circumscribed by these decisions both in the sense of its organisational role and purpose and in relation to the complexity of the system of criteria which are set out to differentiate between these different sets of circumstances.

This context means that it is not necessarily possible for Jobcentre Plus to implement all aspects of 'lean thinking' for example and neither is it possible always to satisfy all customers. For example as the First Contact Customer Survey shows, eligibility is a key determinant of 'customer' satisfaction as are payment times. In relation to eligibility, the role of Jobcentre Plus is to ensure that externally defined criteria are applied effectively and fairly, treating people with respect in the process. As this research shows, payment times are significantly affected first by the complexity of the information required to establish eligibility and the role of the customer themselves in providing this. As such, a key corollary of improving customer satisfaction needs to be understood as simplification of the claims process.

11.2.3 Institutional change and complexity

In addition, like all other organisations, Jobcentre Plus does not have a 'clean sheet' from which to work and improvements to the new claims service take the existing institutional, staffing and technology structures as their starting point. As such, reform is incremental and continuous, again as demonstrated by this research. In several important respects where this research has identified potential

process-related causes for dissatisfaction, improvements have already been made or are imminently planned. An example is the rapid reclaim process, where it has already been substantially revised. Future plans to introduce a greater degree of 'self-processing' through online claims is another example as are localised attempts to promote greater awareness of the end-to-end process among staff in each of the directorates.

In addition, these reform initiatives do not take place in a stable context. The pace of reform of the welfare system as a whole has been rapid over recent years and future plans suggest that this will continue (DWP, 2008). The introduction of the new Employment and Support Allowance (ESA) means that several aspects of the previous IB and IS claim process have been significantly revised. New proposals published shortly after the introduction of the ESA suggest further changes to whole benefit system over coming years (Gregg, 2008). This means that managerial initiatives to improve the technical aspects of the claim process need to integrate with new political requirements in relation to eligibility and conditionality.

Given this dynamic and complex context it is noteworthy that the new claims service is now so well regarded by the majority of, if not all, customers. Responses from staff certainly indicate that in the recent past there were severe problems in first contact and that these had significant negative implications further down the line in benefit processing. This research suggested that these have now been significantly addressed. That said, some areas for further improvement remain and these are summarised in the next section.

11.3 Areas for further work

The research suggested that there are several areas where further improvements might be made to the new claims service or the management of performance within it:

- It is important to work to **ensure that information provision about the new claims service is consistent both within, and from outside, the organisation**. This means continuing to raise awareness among stakeholder organisations about how the new claims service works. It also means ensuring that staff in all three directorates understand the processes and requirements of other parts of it. The importance of this internal and external consistency is likely to increase in coming months as a result of the economic context as claimants without previous experience make new claims and receive advice from a variety of different sources such as employers and trade unions. It will therefore be important to **ensure that targeted and clear information is provided to relevant parties in redundancy situations**.
- There remains some confusion and unevenness about call charges. Some staff appeared to suggest that all new claim calls are free and others clearly did not differentiate between the costs applied by different 'landline' providers, other than BT. In addition, some Contact Centre Customer Service Agents, were

clearly more willing to call customers back when calling on mobiles than were others, though all were willing to do so if this was explicitly requested. The system of offering this option but encouraging agents not to remind customers appears contradictory. **A clear managerial and political decision is needed on whether, and to what extent, a new claim should be financially cost-free to customers.** Whatever decision is reached on this has the potential to transfer costs either from Jobcentre Plus to the customer or from the customer to Jobcentre Plus and this needs to be fully understood and accounted for in making the decision.

- While the First Contact Customer Survey suggested that the majority of customers were happy that they understood and could answer questions in the mandatory new claim script, Customer Service Agents did identify areas in it where the formality of the language causes them and customers difficulty, even if this is relatively minor. As such, the mandatory text in **the script should be regularly reviewed as legislative changes are made to ensure that it is as simple as is legally feasible.** In addition, **Customer Service Agent training needs to make clear the extent to which they can vary the script or reinterpret it** to aid customer understanding. There may also be scope to **improve the 'plain English' support available for Customer Service Agents** themselves in trying to reinterpret the script for customers.
- Customer Service Agents operate multiple computer systems and use several desk-aids in the process of handling a new claim call. As and when it becomes feasible **it would be beneficial to rationalise the computer and other systems used by Customer Service Agents wherever possible to reduce any unnecessary complexity** in the role.
- **Greater familiarity with the end-to-end new claim process may help to improve the understanding of staff in each of the three directorates** about how their role relates to that of others in other directorates. It might help to improve mutual trust and job satisfaction as the contribution of individuals to the whole process of delivering the service is made clearer. It may also lead to improvements in service quality by eliminating any remaining scope for unnecessary errors or passing on problems.
- **Interpretation facilities might be improved further.** This might again include a greater awareness among Contact Centre staff and translators about their mutual roles and the challenges involved so that each can work together to support an enhanced customer experience and more efficient and effective data gathering process.
- There may be some scope, as future reform plans develop, to **consider the scope to more fully integrate and bring together the various different parts of the new claim process from first contact through to decision making,** reducing the number of handovers and points of contact with customers, where possible within the constraints of satisfying legislative requirements.

- It may also be beneficial to **review performance management regimes in each of the three directorates** and encourage staff to understand and respond to these in ways that support the efficiency and customer service outcomes across the whole process.
- The research suggests that it may be beneficial to **maintain the existing scope for customers to use face-to-face support in making a new claim where they have additional needs that make this necessary**. This also implies continual review and **strengthening of the capacity of staff to identify additional needs**.
- The legislative framework within which the organisation operates is an important driver of customer satisfaction with the new claim service in a number of ways. **The complexity and service implications, including financial operating costs and the social costs, of different eligibility criteria need to be made clear as part of the ongoing public and political debate on welfare reform.**

Appendix A

Structured observation pro-forma

1. Basic details

1.1	Interviewer Name	
1.2	Contact Centre Location	
1.3	Date	

2. Interview details

2.1	Type of interview (e.g. IB/IS/JSA/RR)	
2.2	Time at start of interview	
2.3	Time at end of interview	
2.4	Interview length (mins)	
2.5	Were calling from?	<input type="checkbox"/> Landline (home) <input type="checkbox"/> Office (warm phone or designated phone) <input type="checkbox"/> Mobile <input type="checkbox"/> DK Comments If in office – does it sound private? If on mobile – are they offered a call back or do they ask for it, do they get it?
2.6	Any breaks in call (while customer on line – hold while they collect info)	<input type="checkbox"/> No <input type="checkbox"/> Yes.. and describe below (how many and what info)
2.7	Interview completed in single call? (or is this a call back/continuation of previous call or did the call end incomplete)	<input type="checkbox"/> Yes <input type="checkbox"/> No.. and describe below (what was reason for second/multi-call and how many calls so far...)

3. Routing into call

3.1 Any details of problems or details of route into call (i.e. calling incorrect no. referred by...., problems with getting through, problems with understanding IVR etc etc)	Details:
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4. Quality of call

4.1 Customer problems Did customer seem confused, stressed, upset, tired, irritated etc at all during call	<input type="checkbox"/> No <input type="checkbox"/> Yes.. and describe (question and nature of difficulty) below:
4.2 Any questions that customer found difficult to understand? (e.g. wording/language too difficult)	<input type="checkbox"/> No <input type="checkbox"/> Yes.. and describe (question and nature of difficulty) below:
4.3 Any questions that customer found difficult to answer? (e.g. not having details etc)	<input type="checkbox"/> No <input type="checkbox"/> Yes.. and describe (question and nature of difficulty) below:

5. Technology

<p>5.1 Quality of line</p> <p>Issues related to quality of line only</p>	<p><input type="checkbox"/> Good – no probs in hearing/ understanding due to quality of line.</p> <p><input type="checkbox"/> Medium – some difficulties in hearing/understanding due to quality of line.</p> <p><input type="checkbox"/> Poor – lots of problems in hearing or understanding customer responses due to quality of line.</p> <p>Comments:</p>
<p>5.2 Does computer work ok or any problems</p>	<p><input type="checkbox"/> No Problems</p> <p><input type="checkbox"/> Problems...what are they (e.g. crash/run slow etc):</p>
<p>5.3 Other technology related issues</p>	

6. Interviewer

6.1 Does interviewer appear to know the script?	<input type="checkbox"/> Yes e.g. <input type="checkbox"/> No e.g. <input type="checkbox"/> Not relevant
6.2 Does interviewer appear to be able to work the computer?	<input type="checkbox"/> Yes e.g. <input type="checkbox"/> No e.g. <input type="checkbox"/> Not relevant
6.3 Does interviewer appear to understand process/ be confident with the interviewer?	<input type="checkbox"/> Yes e.g. <input type="checkbox"/> No e.g. <input type="checkbox"/> Not relevant
6.4 Is interviewer able to reinterpret language for customer or explain clearly what info is needed?	<input type="checkbox"/> Yes e.g. <input type="checkbox"/> No e.g. <input type="checkbox"/> Not relevant
6.5 Is interviewer able to respond to cust questions?	<input type="checkbox"/> Yes e.g. <input type="checkbox"/> No e.g. <input type="checkbox"/> Not relevant
6.6 Does interviewer suggest what benefit customer might be eligible for at end?	<input type="checkbox"/> Yes e.g. <input type="checkbox"/> No e.g. <input type="checkbox"/> Not relevant
6.7 Other interviewer related issues	<input type="checkbox"/> Yes e.g. <input type="checkbox"/> No e.g. <input type="checkbox"/> Not relevant

7

Other

7.1 Any other issues	
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Appendix B

Topic guide for Contact Centre interviews

First contact qualitative fieldwork Contact Centre topic guide

1. Background (Staff)
 - 1.1 **How long have you worked in your present role? (typicality?)**
 - 1.2 **What prior experience did you have in benefits processing or job broking? (typicality?)**
 - 1.3 **What else did you do before taking this role? (typicality?)**
 - 1.4 **What induction did you receive? (typicality?)**
Views on quality and suitability of this?
 - 1.5 **What training? (typicality?)**
Views on quality and suitability of this?
 - 1.6 **What training on ongoing basis? (typicality?)**
Views on quality and suitability of this?
 - 1.7 **Do you feel adequately trained to do the job? (typicality?)**
If not, what additional training is required?

1.8 Do you like your job? (typicality?)

What do you think is good/bad about your job? (typicality?)

1.9 What are your working conditions like? (typicality?)

How would you describe these in a single word or phrase?

What general atmosphere like? (typicality?)

1.10 What is your view of the level of staff turnover in the centre?**2. Management and organisation (managers)****2.1 Are you able to recruit staff as needed?**

Do you face any particular challenges in staff recruitment?

What are these?

What steps have you taken to overcome these?

2.2 What is the level of staff turnover?

Does this have any implications for maintaining service quality?

2.3 What induction do you offer new staff?

What is your view of the quality of this?

2.4 What training do you offer staff?

Are staff able to take up the training available?

What is your view of the quality of this?

2.5 What ongoing development is available?

What is your view of the quality of this?

2.6 How do you ensure that you have appropriate staff available at busy times?**2.7 What targets do you need to meet?**

How do these support or detract from customer satisfaction?

2.8 What other challenges do you face in managing performance and customer satisfaction?

3. Customer experience

3.1 Overall

78 per cent of customers are satisfied with the overall new claims process.
This varies by benefit group – IB/IS Incap least satisfied.

3.1.1 How satisfied do you think customers are with the initial call?

3.1.2 If had to describe in one word/phrase, what would this be?

Why do they think this?

3.2 Does any of this differ for different customer groups?

How?

3.3 Experiences of different customer groups

The survey shows that specific groups are less satisfied than others:

- ISIncap/IBCcredit were significantly less satisfied than the rest.
- Those reporting a limiting illness.
- Asian/Asian British customers.
- Those who speak English as a second language.

While rapid reclaim customers receive a faster service and might expected to be more satisfied than others, they are not.

3.3.1 Why do you think the following groups are less satisfied than others:

- Those claiming ISIncap/IB Credits.
- Those reporting a limiting illness.
- Asian/Asian British customers.
- Customers whose first language is not English.

3.3.2 Why do you think rapid reclaim customers are not more satisfied than the rest?

3.4 Drivers of satisfaction

Multivariate analysis suggested that many of the factors which seemed to explain overall satisfaction are outside of first contact such as benefit processing times and benefit eligibility decisions.

The main differences between SOM1 and 2 that we are looking at are:

- the move to a single call.
- Freephone no for landlines
- Improved IVR (automated message etc).

3.4.1 What do you think are the most important drivers of customer satisfaction?

Are these within or outside of the first contact experience?

3.4.2 What impact do you think the shift from SOM1 to SOM2 has had on customer satisfaction?

What specifically do you attribute this to (e.g. call charges/single call/ etc).

3.5 Routes into call

47 per cent call on a landline – around 60 per cent of these were aware that the call was free

Six per cent call on a mobile.

Ten per cent call from a warm phone. 19 per cent of these say they were offered a call back, 32 per cent had asked for this.

3.5.1 From your view, how do customers find the information on how to make a claim for benefits?

E.g. Number to call, what the process will be, what benefits they might be eligible for.

3.5.2 Do customers ever report problems regarding access to this information during the call?

e.g. that they had been unable to find the right number or that they had been given incorrect information etc.

Are there any differences for different customer groups?

3.5.3 Do customers comment at outset about connection waiting times etc?

And what do they say?

Are there any differences for different customer groups?

3.5.4 Do customers comment at outset about automated message?

And what do they say?

Are there any differences for different customer groups?

3.5.5 Do you think that customers understand charging arrangements?

Why do they think this?

3.5.6 What happens when customers call on a mobile –

Do they ask customers if they are calling from a mobile?

Do they explain call charges etc?

Do they offer call back (why?)

Do customers ask for it?

3.5.7 Do customers understand how long the call will last and the types of information that they are going to be asked for?

3.6 The call

Five per cent reported that the call handler did not introduce themselves.

Six per cent reported that the type of information needed was not explained at the start.

13 per cent reported that the length of the call was not explained at the start.

40 per cent think that the call took between 16-30 mins.

92 per cent of customers thought that qs were easy to understand – ISIncap/ IBCredit were less likely to report this.

93 per cent reported that qs were easy to answer – IB were less likely to report this.

85 per cent took place in a single call.

82 per cent said that a call back took place on time 12 per cent said that call back did not happen.

3.6.1 Do you always introduce your self at the outset of the call?

If not, what stops you doing this?

3.6.2 Do you always introduce the call at the outset (ie. Stick to the script)?

If not, are there any specific reasons for this?

3.6.3 How long would you say the average call lasts for each type of benefit claimant?

3.6.4 What aspects of the call work well? Why?

3.6.5 What aspects of the call do not work well? Why?

3.6.6 Are customers able to answer the questions you ask?

Does this differ by benefit group? Why?

If customers find them difficult – Which questions do customers find difficult? Why do you think customers find these questions difficult to answer? What might be done to improve this?

3.6.7 Do customers generally have all the information required to hand?

Does this differ by benefit group? Why?

If customers find info difficult – What information is difficult? What implications does this have? What might be done to improve this?

3.6.8 Do you think that the mini-break system works well to allow customers to effectively gather the information that they need?

3.6.9 How well do you think the process of establishing a CSA 'interest' works?

Does this hinder the new claim call?

Are there improvements that might be made?

3.6.10 What other reasons result in the claim interview stretching beyond a single call?

How might this be improved?

3.7 Problems

12 per cent of IB customers thought the call had caused them problems.

12 per cent of customers report having issues unresolved at the end of the call – a 20 per cent for IB customers.

Two per cent of customers begin the claims process on the phone but then drop out.

16 per cent of customers report that they have been given incorrect or contradictory information? This rises to 22 per cent for ISIncap/IBCredit customers.

3.7.1 How frequently do problems occur in the call interviews?

3.7.2 At what points in the call do problems occur?

3.7.3 What type of problems occur? Why?

3.7.4 How might problems be avoided?

3.7.5 Why do you think customers drop out of the telephone claims process after initiating their claim on the telephone? Could anything be done to avoid or reduce this?

3.7.6 Does the call ever seem to result in customers becoming stressed or anxious?

Does this vary by customer group? How?

What sorts of problems are caused?

What are the triggers for this?

How might the call process be changed to avoid this? (prompt for system (e.g. script) and staff issues (e.g. training).

3.7.7 How do you identify customers who may have specific needs or barriers to accessing the service?

3.7.8 Do you feel able/confident to meet the needs of customers with specific needs such as disability or mental health problems?

Can they vary from the script?

Do they know what to do?

Do they know what help is available to them/customers that they can refer to?

3.7.9 What explains the proportion of people that report having been given incorrect or contradictory information?

How might this be improved? (probe what info they give and why on decisions and eligibility).

3.8 Handing the claim on

3.8.1 Do you ever come across any problems with the printed statement that customers receive?

What are these? Do they differ between benefit groups – how/why?

Why do they occur?

How might they be avoided?

3.8.2 What contact do you have with customers after they have made their initial new claim call?

Probe for any issues that might delay claim or reduce customer satisfaction and their causes.

3.8.3 What contact do you have with benefit processing centres?

Probe for any issues that might delay claim or reduce customer satisfaction and their causes.

3.8.4 What contact do you have with Jobcentres?

Probe for any issues that might delay claim or reduce customer satisfaction and their causes.

3.9 Technical issues

3.10 How easy do you find it to use the script provided?

What improvements might be made?

3.11 What are the best aspects of the computer software that you use to complete the claims interview?

3.12 What are the worst aspects of the computer software that you use to complete the claims interview?

How might this be improved?

3.13 Do you experience any problems with the telephony equipment?

What are these?

How might they be resolved?

3.14 Are there any other technical issues which might impact on customer satisfaction?

4. Improvements

4.1 Do you have any suggestions for how the system/ processes might be improved

5. Other issues

5.1 Are there any other things that we haven't asked about which you think are relevant to this research?

Appendix C

Topic guide for Benefit Delivery Centres

5.2 Relationship with first contact

5.2.1 What contact do you have with staff in Jobcentres?

Probe for any issues that might delay claim or reduce customer satisfaction and their causes.

Are you kept up to date with changing requirements for collecting information at first contact?

5.2.2 What contact do you have with first contact staff in Contact Centres?

Probe for familiarity, degree of understanding or trust, previous training or work experience etc.

Are you kept up to date with changing requirements for collecting information at first contact?

5.2.3 How familiar are you with the telephones claims process?

NB ask subsequent questions with caution if unfamiliar

5.3 Customer feedback

5.3.1 Do customers ever complain about having to make first contact by telephone?

Any differences for different cust gps?

5.3.2 What feedback do you get from customers on the telephone claims service?

How does this come to you?

What aspects of the process do customers give feedback on?

5.4 Benefit Processing questions

Around 30 per cent of the variation in customer satisfaction appears to be attributable to factors outside of first contact such as benefit processing and eligibility.

5.4.1 Please describe how processing and decision making is organised in your BDC?

e.g. rough staff numbers?

e.g. rough numbers of claims per week

What different teams do you have (e.g. split by benefit/ split by processing/decision making/customer response)?

5.4.2 How effective is the 'push' of the customer claim from the CMS system through to the BDC?

What problems do you encounter?

5.4.3 What problems do you encounter with the information that is passed to you such as in the customer statement/ application and inputting document?

Is there any information that is routinely missing?

Does this differ for different customer groups?

Does this differ for telephone and manual claims?

Is there variation for different offices/contact centres?

5.4.4 What are the implications of these problems?

For instance, to what extent do these problems hold up processing and decision making?

To what extent do these problems necessitate further contact with customers?

5.4.5 What are the main bottlenecks in processing and decision making?

Does this differ for different customer groups?

5.4.6 What other problems do you face in processing and decision making?

5.4.7 What do you think are the main drivers of customer satisfaction with the processing and decision making process?

Does this differ for different customer groups?

5.4.8 How do you identify any particular needs that a customer might have and what adjustments might you make for these?

What processes are used?

How might a Ben Processor know if a customer is disabled or has a particular need?

What reasonable adjustments are made – e.g. in contacting and asking for further information or for avoiding potential delays arising out of additional needs?

5.4.9 How do you think the processing and decision making processes might be improved?

5.5 Problems

12 per cent of IB customers thought the call had caused them problems.

12 per cent of customers report having issues unresolved at the end of the call – a 20 per cent for IB customers.

Two per cent of customers begin the claims process on the phone but then drop out.

16 per cent of customers report that they have been given incorrect or contradictory information? This rises to 22 per cent for ISIncap/IBCredit customers.

5.5.1 What types of problems do customers indicate they face in the new claims process?

5.5.2 How might problems be avoided?

5.5.3 Do problems in the new claims telephone process ever result in demands being placed on face-to-face services?

5.5.4 What explains the proportion of people that report having been given incorrect or contradictory information?

How might this be improved? (probe what info they give and why on decisions and eligibility).

Overall –

5.6 Customer experience

5.6.1 Overall – telephone

78 per cent of customers are satisfied with the overall new claims process.

This varies by benefit group – IB/IS Incap least satisfied.

5.6.2 How satisfied do you think customers are with the telephone claims process?

5.6.3 If you had to describe the telephone claims process in one word/phrase, what would this be?

Why do they think this?

5.6.4 Does any of this differ for different customer groups?

How?

5.7 Overall – manual

5.7.1 How satisfied do you think customers are with the manual claims process?

5.7.2 If had to describe the manual claims process in one word/phrase, what would this be?

Why do they think this?

5.7.3 Does any of this differ for different customer groups?

How?

5.8 Experiences of different customer groups

The survey shows that specific groups are less satisfied than others:

- ISIncap/IBCcredit were significantly less satisfied than the rest.
- Those reporting a limiting illness.
- Asian/Asian British customers.
- Those who speak English as a second language.

While rapid reclaim customers receive a faster service and might expected to be more satisfied than others, they are not.

Based on your experience of benefit processing...**5.8.1 Why do you think the following groups are less satisfied than others:**

- Those claiming ISIncap/IB Credits.
- Those reporting a limiting illness.
- Asian/Asian British customers.
- Customers whose first language is not English.

5.8.2 Why do you think rapid reclaim customers are not more satisfied than the rest?**5.9 Drivers of satisfaction**

Multivariate analysis suggested that many of the factors which seemed to explain overall satisfaction are outside of first contact such as benefit processing times and benefit eligibility decisions.

5.9.1 What do you think are the most important drivers of customer satisfaction?

Are these within or outside of the first contact experience?

5.9.2 What impact do you think the shift from SOM1 to SOM2 has had on customer satisfaction?

What specifically do you attribute this to (e.g. call charges/single call/ etc/changes to processing and decision making).

5.10 Other Issues**5.10.1 Please tell me about anything else that you think is relevant to understanding the relationship between the BDC and first contact.**

Appendix D

Topic guide for Jobcentre Plus offices

First contact qualitative fieldwork
Office staff topic guide

1. Customer experience

1.1 Overall – telephone

78 per cent of customers are satisfied with the overall new claims process.

This varies by benefit group – IB/IS Incap least satisfied.

1.1.1 How satisfied do you think customers are with the telephone claims process?

1.1.2 If you had to describe the telephone claims process in one word/phrase, what would this be?

Why do they think this?

1.1.3 Does any of this differ for different customer groups?

How?

1.2 Overall – manual

1.2.1 How satisfied do you think customers are with the manual claims process?

1.2.2 If had to describe the manual claims process in one word/phrase, what would this be?

Why do they think this?

1.2.3 Does any of this differ for different customer groups?

How?

1.3 Experiences of different customer groups

The survey shows that specific groups are less satisfied than others:

- ISIncap/IBCredit were significantly less satisfied than the rest.
- Those reporting a limiting illness.
- Asian/Asian British customers.
- Those who speak English as a second language.

While rapid reclaim customers receive a faster service and might expected to be more satisfied than others, they are not.

1.3.1 Why do you think the following groups are less satisfied than others:

- Those claiming ISIncap/IB Credits.
- Those reporting a limiting illness.
- Asian/Asian British customers.
- Customers whose first language is not English.

1.3.2 Why do you think rapid reclaim customers are not more satisfied than the rest?

1.4 Drivers of satisfaction

Multivariate analysis suggested that many of the factors which seemed to explain overall satisfaction are outside of first contact such as benefit processing times and benefit eligibility decisions.

1.4.1 What do you think are the most important drivers of customer satisfaction?

Are these within or outside of the first contact experience?

1.4.2 What impact do you think the shift from SOM1 to SOM2 has had on customer satisfaction?

What specifically do you attribute this to (e.g. call charges/single call/etc).

2. Routes into call

47 per cent call on a landline – around 60 per cent of these were aware that the call was free

Six per cent call on a mobile.

Ten per cent call from a warm phone. 19 per cent of these say they were offered a call back, 32 per cent had asked for this.

2.1.1 From your view, how do customers find information on how to make a claim for benefits?

2.1.2 Do customers ever complain about having to make first contact by telephone?

Any differences for different cust gps?

2.1.3 What feedback do you get from customers on the telephone claims service?

How does this come to you – ie at FJR/WFI/‘bounce back’ from warm phones?

What aspects of the process do customers give feedback on?

2.1.4 Are customers in your office able to use warm phones to make a claim over the telephone?

2.1.5 What arrangements are made in your office for customers to use designated phones to make claims?

Specifically, are customers encouraged by contact centre to make a booking with office staff to use a private room/phone?

Is this provision offered/made in the office?

2.1.6 Do you think that customers understand charging arrangements?

2.1.7 Do you think that customers’ choice over where to make their new claim call is affected by considerations of call charges?

2.1.8 What feedback do you receive from customers on using their mobile phones to make a claim for benefits?

e.g. with regard to call charges and availability of ring-backs.

3. Face-to-face claims

Two per cent of customers begin the claims process on the phone but then drop out.

- 3.1.1 Why do you think customers make manual claims for benefits?**
- 3.1.2 Why do customers seek face-to-face help to make a claim?**
In particular, why do customers drop out of the telephone claims process?
- 3.1.3 What face-to-face support with the new claims service is provided in your office?**
In what circumstances is this support offered?
- 3.1.4 Could the proportion of customers making a manual or face-to-face supported claim be reduced by making improvements to the telephone claims process?**
How?

4. Problems

12 per cent of IB customers thought the call had caused them problems.

12 per cent of customers report having issues unresolved at the end of the call – a 20 per cent for IB customers.

16 per cent of customers report that they have been given incorrect or contradictory information? This rises to 22 per cent for ISIncap/IBCredit customers.

- 4.1.1 What types of problems do customers indicate they face in the new claims process?**
- 4.1.2 How might problems be avoided?**
- 4.1.3 Do problems in the new claims telephone process ever result in demands being placed on face-to-face services?**
- 4.1.4 What explains the proportion of people that report having been given incorrect or contradictory information?**
How might this be improved? (probe what info they give and why on decisions and eligibility).

5. Handing the claim on
 - 5.1.1 **Do you ever come across any problems with the printed statement that customers receive (IS/IB Customers)/you print out at the FA interview (for JSA Customers)?**

What are these? Do they differ between benefit groups – how/why?

Why do they occur?

How might they be avoided?
 - 5.1.2 **How effective is the ‘push’ of the customer claim from the CMS system through to the BDC?**

What problems do you encounter?
 - 5.1.3 **What contact do you have with benefit processing centres?**

Probe for any issues that might delay claim or reduce customer satisfaction and their causes.

Are you kept up to date with changing requirements for processing/ decision making such as not needing last pay slip etc?
 - 5.1.4 **How well do you understand the requirements of the processing/decision making process?**

Probe for familiarity, degree of understanding or trust, previous training or work experience etc.
 - 5.1.5 **What contact do you have with customers about the progress of their claim after it has been ‘pushed’ to the relevant BDC?**

Probe for any issues that might delay claim or reduce customer satisfaction and their causes.
6. Impact of new claims on job broking
 - 6.1.1 **Do you ever notice any impact of satisfaction/ dissatisfaction with the new claims process on moving people into/toward work?**
7. Other
 - 7.1.1 **Are there any other issues that we haven’t asked about but which you think is relevant to this research?**

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